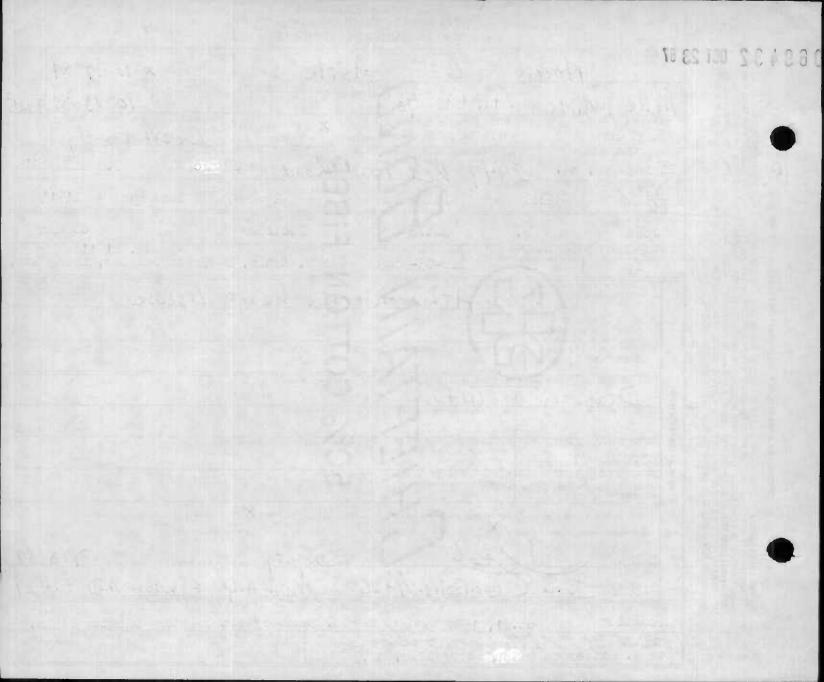
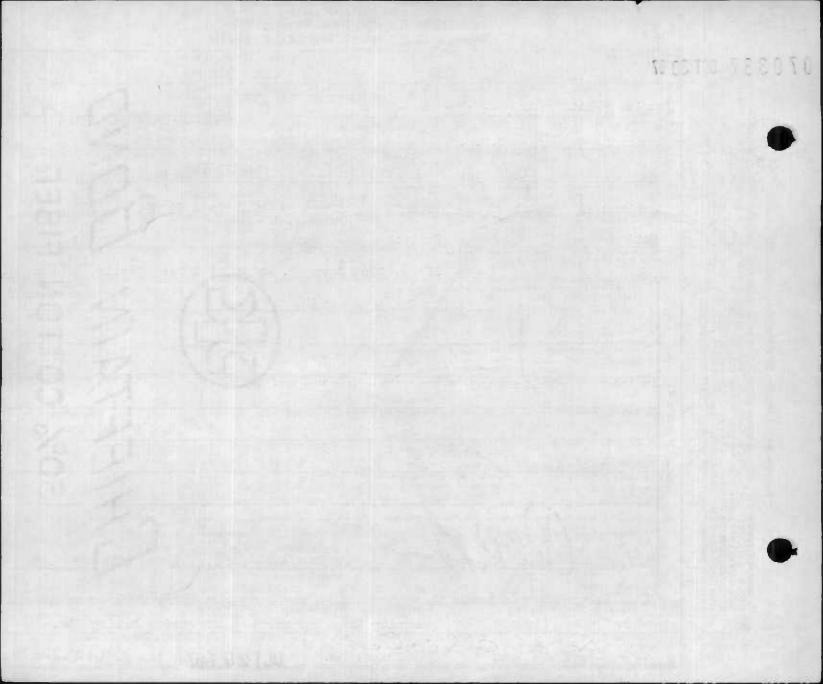
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO EASED NAME Zh HOUR ERAL DIRECTOR DR YOUR FILES. THIN 72 HOURS DEATH MATED DATE OF BIRTH IE UNDER 24 HRS & AGE IIN YEARS PRONOUNCED DEAD 0 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland AND 3 TO AND STORE THE STATE OF O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION LITTE OF WORK Rising Sun. Md. 136 COUNTY Cecil Maryland 13d INSIDE CITY LIMITED 2447 Red Toad Road TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM 79, 3, RETA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE VEFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITALREED BALTIMORE, MARYLAND, 21201 PRIOR TO BURNALL, CREMATION, OR REMOVAL. 21911 14 FATHER'S NAME AstTe McCauley John Theille 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESMd. 21911 YES NO OR UNKNOWN) (IF YES LIVE WAR OR DATES) 20-05-9869 Ida B. Astle, 2447 RedToadRoad, Rising Sun. APPROXIMATE IN RVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY heart dicease IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO IX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM ETC) STREET CITY OR TOWN WHILE AT WORK 220 I certify that I took charge of the remains described above, held an death resulted fram-Accident Natural causes Hamicide Undetermined manner LITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 30 BURIAL, CREMATION, REMOVAL 23d LOCATION 234 NAME OF CEMETERY OR CREMATORY Cremation R.A.Ferris&Co.CrematoryWest Chester Chester Penna. 07 84 25M 256 REGISTRAR'S SIGNATURE ha pacain fordale DHMH - 17 Patterson & Son, Perryville, Md. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO O DATE KNOWN 87 RPRINT OF ESTI-TIFFIE M. BARTN 26 1987 DATE OF BIRTH IE UNDER 1 YR. IF UNDER 24 HRS 2c DATE 7d HOUR 9:40 PRONOUNCED White Female 25 1987 12 1953 34 To BIRTHPLACE CLATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Louisiana U.S.A. DIVORCED [Cacil County II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION LIVE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS OR INDUSTRY Assistant Production Tech. Elkton Union Hospital (DCA Mfa. USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 30 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO 212 Park Circle 21921 Maryland Cecil Elkton 14 FATHER'S NAME Marion Brignac Eunice Burns 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 21921 (YES NO OR UNKNOWN) I LIF YES GIVE WAR OR DATES Jerry P. Babin, 212 Park Circle, Elkton, Md. 435 90 5295 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN CINSET AND DEATH PART I DEATH WAS CAUSED BY Compression asphyxia AMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL FREE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MASALTIMORE, MARYDAND, 24201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR 9:10pm 10-25- 1987 Subject pinned between forklift and wall. CONTRIBUTING CAUSE OF DEAT 21e PLACE OF INJURY (AT HOME 21 LOCATION 21d INJURY OCCURRED STREET FACTORY FARM FIC 1 WHILE NOT WHILE AT WORK COUNTY building W. Main St., Elkton Cecil idD Autopsy X the manufacture described above, held an 22a I certify that I too scholars Inspection dent X Hamicide Undetermined manner death resulted fram: Suicide TITLE (SPECIFY: ACTUAL. DATE SIGNED 10-27-87 M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD TYPE OR PRINT ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Lurial 10/30/87 Community Lake Cemetery Ascension Parish, La. 25AA 24 FUNERAL DIREC 250 DATE REC'D BY REGISTRAR 256 REGISTRARS SIGNATURE DHMH 17 was per on Fondale Élkton, Md. (VR A15 ME (5)) Hicks Home for Funerals



be de.

ld b

DHMH - 16 60M 7/84

(VRA 15, 4)

BP

MPORTANT

FOR - STATE

3 SEX

REGISTRAR

Female

70. BIRTHPLACE ISTATE OF FOREIGN

etuRAH

4 RACE

White

76 CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND

5 DATE OF BIRTH

May

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21, 1897

REG. NO

BALTIMORE CITY OR COUNTY OF DEATH

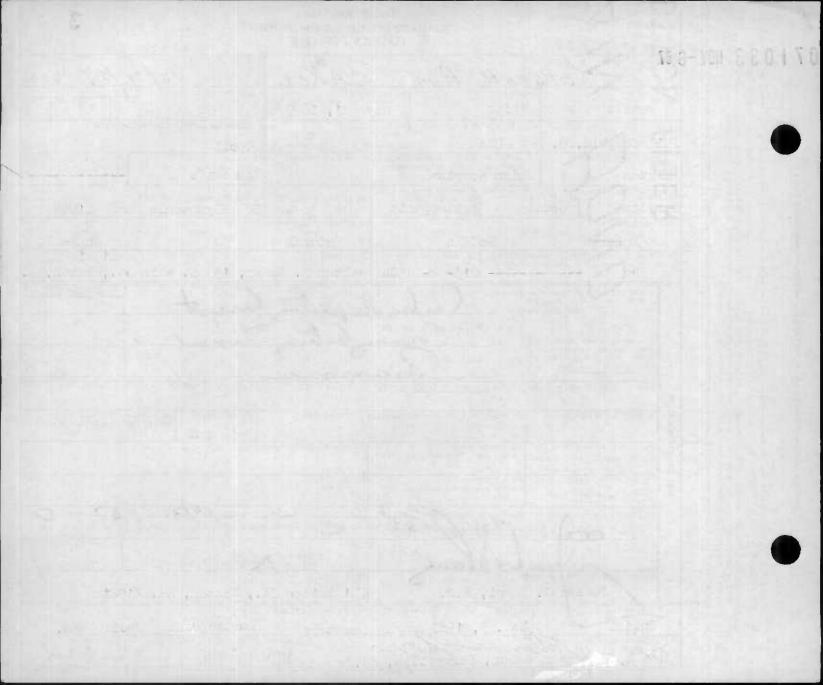
25 HOUR

060 OM

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDA

MARRIED NEVER MARRIED Philadelphia, Pa. USA WIDOWEDX DIVORCED [Cecil 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elkton Union Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY PortDeposit 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Cecil 21904 203 Blythedale Road NO TA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert Keturah Shute McCain ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) Walter M. Baker, 153 E. Main St., Elkton, Md. 18 CAUSE OF DEATH (Enter only one couse per line for 10 (b), one PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (0) DUE TO, OR AS A COMSEQUENCE OF 07 Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last neum PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM & PART OR PART 2 HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET ITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC | WHILE NOT WHILE 22a | certify that (1) (this haspital) attended, the deceased from _, and that it my) your) opinion death occurred on the date and hour and from the causes stated obove, (I) (we did) (aid not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING > MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS Joseph G. Lanzi, M.D. 721 Bridge St., Elkton, Md. 21921 236 NAME OF CEMETERY OR CREMATORY 236 DATE 230 BURYAL, CREMATION, REMOVAL Buria PortDepos it Nov. Asbury Cemetery Cecil 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Patterson & Son, Perryville, Md



REG NO 20 DATE KNOWN X 13 19 87 10

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Marylar	nd	U.S	.A.			WIDO		DIVOR	. 2 %	Ce	cil C	Count	У			MD
CITY OR TOWN	OF DEATH				RSING HOM		HER INSTITU	TION		MOST OF WOR		TYPE OF WOR	тк 12h	KIND OF OR INDU		VESS
Elkto	n			ospit	reet adorest					adent		or To	owso			Uni
JAL RESIDENCE	IF IN NURSING HOME O		ION GIV		OR TOWN	ION)	13d INSIDE O	ITV (IMITC)	1120 STG	REET ADDRE	cc					
aryland	Cec				kton			NO [Arthur		eron	Cii	rcle.	21	921
FATHER'S NAME								ER'S MAID		F		01.011	-011			
George		S.			dwell			ances		M	M.		Rut	tkows	ki	
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UNDERLYING	G OR	HOU	IR A.M.		DAY YEA		TOTT INJOR	OCCORR	ED (FIGIER	TATORE OF IN	TORY IN TIEM	IDPARTION	PARI 2)			
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WHILE	NOT WHILE			ORY FARM ET			STREET			CITY OR TO	WN		COUNTY			STATE
AT WORK	AT WORK						677				******					
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death result	ed from 1 Natur	al causes	4	Acerdent	50	rede Ly	Hami	cide .	Under	termined mo	onner _	}.				
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EY A MINER'S	NAME Marria	E Co	110	V Tag	84 D	/		111 5		CL. 1	D., 11 -	3.6	-	21201		
TYPE OR PRI	NAME Mario	r. GC	rrie	, UI.	, M.D	•	ADDRESS_	111 }	enn	St., 1	Bd.I.T.C	, M	U :	21201	-	
BURIAL, CREMA	TION, REMOVAL 2			1	NAME OF CE				CITY	ORTOWN			OUNTY		TATE	
Buri	ar / o	ct. 17	, 1	987 I	mmacu.	late	Conce	ption	Ch	erry 1	Hill,	Ce	cil	A. Kand	162-A	

07 84 25M

DHMH 17 (VR A15 ME (5

24 FUNERAL DIRECTOR

FUNERAL DIRECTOR DOMESTIC HICKS Home for Funeral'S PESS

Elkton, Md.

25b, REGIST AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed

retained by the haspital ai attending physician

BP_

DHMH - 16 50M 1/B1 (VRA 15, 4)

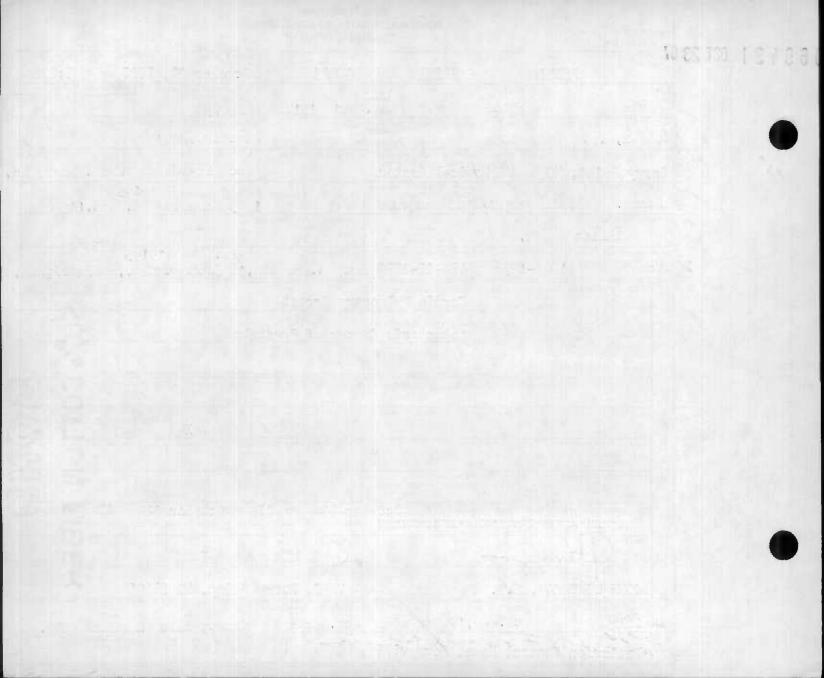
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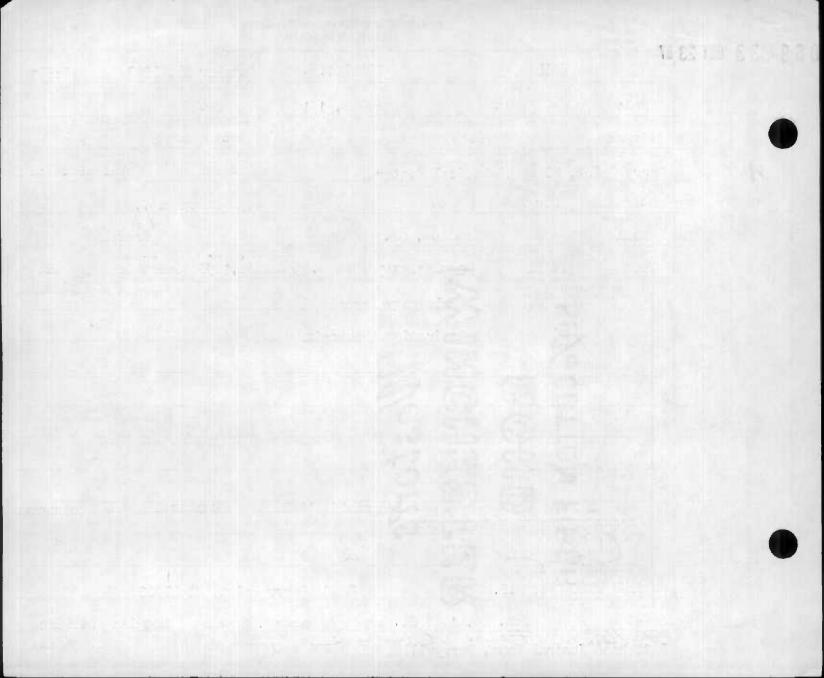
within 24 hours after death. Page 4 may be CL

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH

23	T DE	CEACED MANE	FIRST		MIDDLE		AST	REG. N		DAY YEAR	To trave
20	TYPE OF PRINT					,		20 DATE OF DEATH			26 HOUR
			PHILIP		SHERIDAN		BOWMAN	October 2	1, 19	87	8:29a
	3 SEX	(41	RACE		5 DATE C		6 AGE (IN YEARS LAST BI	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	I	Male	V	White		Aug.	21 1912	75	YRS	MONTH	MOUR, MIN
6//	7a BII	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	M NEVER WARRED [9 BALTIMORE CITY	RCOUNT	Y OF DEATH	
8	Co.	Lfax, N. (USA		WIDOWE	D NEVER MARRIED U	Cecil Cour	ity		M
		rry Poin		(IF NOT IN SE	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET Edical Ce	AOORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) SecurityG	OF WORKING L	LIFE) INDUSTRY	DE BUSINESS O
	05U/ 13a S		TURSING HOME OR OTH	HER INSTITUTION	n, GIVE RESIDENCE BEFOR 134. CITY OR TOW Philadelp	E ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS	191	145	444
example (14 FA	THER'S NAME Willia	ım E	DIE	Bowman		15. MOTHER'S MAIDEN NA Essie			Tucke	ST
0			ER IN U.S. ARME		16h SOCIAL SECU	IRITY NO.	17 INFORMANT	Pa. ADDR	ESS1 914		-
med 7	Ye	ES NO OR UNKNOWN	1"929"-1	9581651	176-32-	2334	Mary A. Bowma		- / -	t.,Phila	idelphia
lury, or other traumotic event,	rion	Conditions, if a gove rise to cause (o), st underlying co	ony, which immediate of the state of the sta	DUE TO, C	DR AS A CONSEQUI Me tasta: DR AS A CONSEQUI	ENCE OF	nary Arrest uncer of Pros		IDITION GI	IVEN IN PART 111	a
ino sma	CERTIFICAT	190 DATE OF OPE	RATION	19b CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	IN CERT	ES, WERE FIND IT IFYING CAUSES (ES []	
sed or flega 8 s	MEDICAL CER	(IF EITHER NOTIFY A	CAUSE OF OEATH AEDICAL EXAMINER) URRED	HOUR A	OF INJURY .M. MONTH D, .M. OF INJURY IREET FACTORY OFFICE F	19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		PARLLOR PART 2)	STATE
If Rem 21 is mor		22a I certify that	(IX(this hospital)			XXXX or	DECREE ATTENDING	7 . to Octobe death occurred on the d	ote and ho		
24		and Division	. une				PHYSICIAN	DIRECTOR PHYSIC	IAN []		
MPGK! A		C	NERGAN,				VAMC, Perr	y Point, MD	2190	2	
	Bu	urial, crematic reciev) rial	ф	23b. DATE ct. 24			Mem Gardens	23d LOCATION CITY OR TOWN Churchvil	le H	county	STATE M. A.
31	24 FL	NERAL DIPLETOR	1 -I		me, Perry	1-	250 DA	Churchvil TERECE BY REGISTRAR 1 2 2 1987	256 REGIS	lartord SIRARESIGNAT	CHE MA





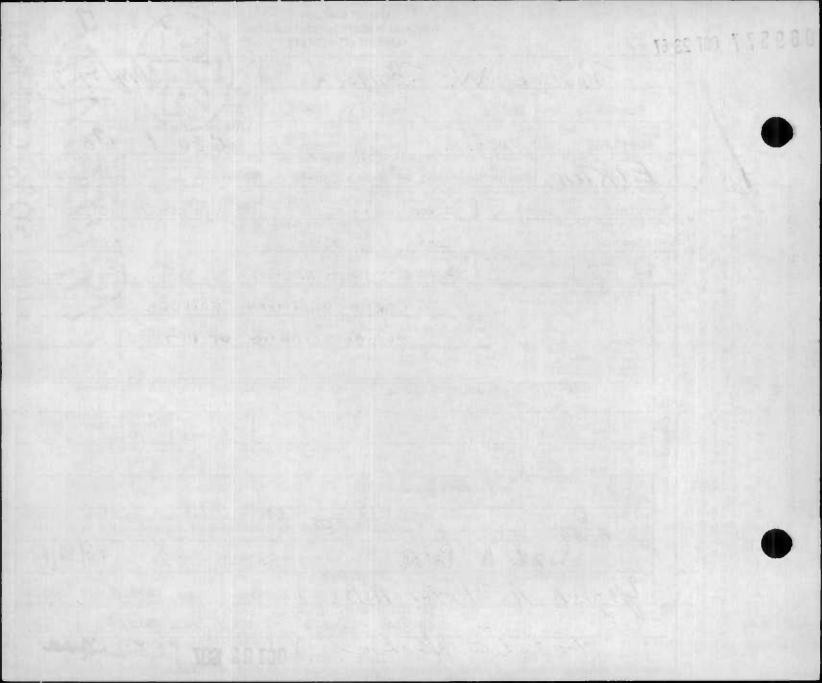
STATE OF MARYLAND

CT :	23	STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEAT	TH REG. NO.	
		1 DECEASED NAME PIRST	TE W.	Bullock	20 DATE OF DEATH MONTH	19/87 26 HOUR 130/
		3 SEX Female	White	5 DATE OF BIRTH MONTH DAY Oct. 12 190	year 80	MONTHS I TEAM OF UNDER JAMES MAN MONTHS BAYE
ce.	Z	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR	BALTIMORE CITY OR COL	INTY OF DEATH
at on	7	Maryland	U. S. A.	WIDOWED DIVORC	CED DI CECILI	/ CO MD
notified		EIKTON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Union Hospital (ADDRESS)	(TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR INDUSTRY Restaurant
er must be	4			N 13d INSIDE CITY LI	□ 301 Park Circ	le 21921
exomine		14 FATHER'S NAME FIRST Alonzo	MIDDLE LAST Wood	15 MOTHER'S MA FIRST Elsie	WIDDLE	Roberts
dical		160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO 17 INFORMANT	ADDRESS	
a B		No	213 05 6	6156 Betty A.	Steele, 301 Park	Circle, Elkton, Md
njury, or other troumatic ev		Conditions, if ony, which gove rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEQUE b	ADVANCED C	ANCH OF MARIE	
ows any	1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORME		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
iem 18 sh	2	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA		OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
arked ar		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo		sow the deceased alive on obove Miwe (did) did no	ital ottended the deceosed from		opinion death occurred on the date and	
AT. If Iter		226 SIGNATURE 39	th A Pali	PHYS	NDING MEDICAL STAFF	10 19 187
MPORTANT		22d PHYSICIAN'S NAME (TYPE'S	A. PATEL		athedral Street, E	lkton, Md. 21921
		Burial		vame of CEMETERY OR CREM thel Cemetery	Chesapeake C	
77		Hicks Home for	Funerals,	Elkton, Md.	OCT 22 1987	COURTES SIGNATURE AND I

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL retoined by

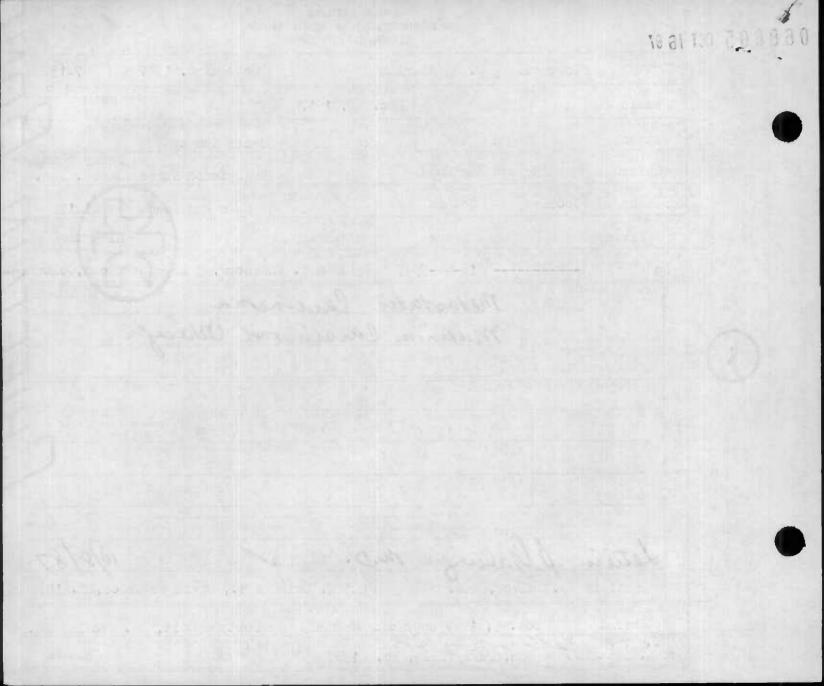


STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYBIENE

RF	G	NO	

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	deoth Fo	I	RIHPLACE TE OR FCH		USA		MARR		Cecil Cour	ty	OF DEATH	MD
d V	by the filed with		Colora		9 Love	HOSPITAL, NI Run Ro		OR OTHER INSTITUTION	Registered Nurse VA Med. C			,
AND 21	24 hou	Mai	U	B COUNT CCIL	Y TION	Color	BEFORE ADMIN 101 TOWN	YES NOX	130 STREET ADDRESS 9 Love Run		21	1917
MARYL	of the with	14_F/	Harvey	Μ	IDDIE	Drak		15 MOTHER'S MAIDEN N Anna	MID(III E		Chides	ster
IIMORE,	on ond co		VAS DECEASED EVER IN LES NO OR UNKNOWN!		WAR OR DATE	216-44	=9947	Deborah B. S	Shepherd, 9		ın Road	i,Colora,M
PRESTON ST., BAI	the death certificate In any physic arban pape mater or removal		18 CAUSE OF DEATH PART I DEATH WAS IN Conditions, if any, v gave rise to imme cause a stating	S CAUSEĎ AMEDIATE which diate	DUE TO 30	nuer	TOUTE EOUENCE OF NOME EOUENCE OF	à Carriro	noma ma Ovi	ruf	BETWEEN	TAMET INTERVAL
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AL RECO	The low	CERTIFICATION	190 DATE OF OPERATIO		196 COND	ITION FOR W	HICH OPERAT	ON WAS PERFORMED	YES NO		were findin ng causes	
DIVISION OF VITAL RECORD	SICIAN ug physic certificate riol-trans entol Hyg		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEAT			DAY YEA	R	RRED (ENTER NAT RE OF N)	Pr N 1EM 8 PAR	1 SRPARI.	
IVISION	attending the this ps the but hond M hond M orked or	MEDICAL	AMAR NORN		21e PLACE	OF INJURY	FICE FARM ETC	21F LOCATION	TV R 1	IWN	NIY	A1E
	OR ATTENDING the hospital or DIRECTOR A probed for user Dept of Health frem 21 is may		220 I certify that (I (the saw the deceased above In (we) (did 22b S) GNATURE	alive on_				and that in imy our opinio	n death accurred on the c			that I (we last causes stated
	TO HOSPITAL O retoined by the TO FUNERAL DI should be deficial with the State De		27d PHYSICIAN'S NAM Letitia			M.D.	n	22e ADDRESS	on Ave., Hav	CIAN	race N	P/87
	IMP IN TO	23o 8	BURIAL, CREMATION, RE		23b DATE			CEMETERY OR CREMATORY	234 LOCATION		- Junty	MAIR.
	BP DHMH - 16 60M 7/84 (VRA 15, 4)	145	Burial Reproduction A.M. Patters	Tal son &	Son, E	21 1	do	11 Cemetery 2500	Port Depo	256, REGISTR	d. Ceci	URE



TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and is should be detached for use as the burial-transit permit. Then please remake karbonpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumofic event, the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

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1-	FOR DEPARTMENT OF HEALTH AND MENTAL DY PREGISTRAR CERTIFICATE OF DEATH	REG NO.
(TYPE	CEASED NAME FIRST MIDDLE LAST OR PRINT) MERLE ROSE CARMER	20 DATE OF DEATH MONTH DAY YEAR 28. HOUR 7.15PM
3 SE	X ARACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
7 01	Female W Dec 27, 1910	9 BALTIMORE CITY OR COUNTY OF DEATH
7a. 81	BIHITLACE ISTATE OF OREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED INEVER MARRIED WIDOWED DIVORCED IN	Coció Courte
THE C	11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IT SUCH FACILITY ONE STREET ADDRESS) (IF NOT IT SUCH FACILITY ONE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF MOSK FOR MOST OF WORKING HEE) THOMAS WAR TO THE MOST OF WORKING HEE) THOMAS WAR TO THE MOST OF WORKING HEE)
L	HEST IN ENTER HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1. COUNTY 136 GRY OR TO VICE 13d INSIDE CITY LIMITS? WWW-CALLY NO	503 5 151000 01
10.17	THEIR TIAME 15 MOTHER'S MAIDEN N 15 MOTHER'S MAIDEN N 15 MOTHER'S MAIDEN N 16 MOTHER'S MAIDEN N	era - MIDIE DELON
160)	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT VES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-22-8156 Ungited	ea C. Johnson- Holte, Md
	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	APPROXIMAE NITEVAL ' BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove rise to immediate (b)	
	couse (a), stating the underlying cause lost.	
	10 Conjuntichiait allele	<u>~</u>
Z	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED
문		IN CERTIFYING CAUSES OF DEATH?
F		YES NO YES NO
2	216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH C	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
0	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
2	WHILE NOT WHILE AT WORK	
	22a certify that (1) (this hospital) ottended the deceosed from 612 19.83	2 to 10/5 19.87 that (I) (we) lost
	sow the deceased alive on 1015 1987, and that in (my) (our) opinio obove, (I) (we) (did) (did not) view the body after death.	on death accurred on the date and hour and from the couses stated
	22b SIGNATURE DEGREE	22¢ DATE SIGNED
	Venned See as 40 ATTENDING PHYSICIAN	
	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	101-1111-
	KENNETH LEWIS MD Consung	ton St. Wedleton Oct.
23a 8	BURIAS CREMATION, REMOVAL 236. DATE 10/8/87 Od ST. CHINOL	Middle trust-N.C. Del
24.7	17 100 FOO Literan Middle Con	REC'D. BY REGISTRAP & SIGN UP

DHMH 16 60M 1 73

retained by the hospital or attending physician.

(VR A 15 (4))

19 11 19 1 9 1 0 2 0 WAS TABLE TRUE CHEMIER - CHEMIER - CHEMIER - CHEMIER AV OFFICE SALES TRE E 1 700

TO HOSPITAL or retoined by the

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY FIENE CEDTIFIC ATE OF DEATH

5 87 TATE REGISTRAR	DI		HEALTH AND MENTAL HY®	REG. NO	3 0
1 DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Mildr	red J.	Cameron		October 10.	1987 11:30m AN
3 SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	1 TOPR YEAR IF TOPR HRY
Female	White	Jul	y 5, 1902	85 v.	MON'H DAT HOURS MIN.
To BIRTHPLACE TE ON FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8		9 BALTIMORE CITY OR COU	
Elkton, Md.	U.S.A.	MARRIE	D NEVER MARRIED	Cec	il
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOW		120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
ت الله الله الله الله الله الله الله الل	LaureTwoo	d Nursi	ng Center	Ret. Plasti	coid Corp.
	Cecil 130 CITY C	IKTON	13d INSIDECITY LIMITS?	326 North S	treet 21921
James W. Wo	olman	AST	Bertha	MIDDLE	Major
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (15 YES)		AL SECURITY NO. -32-478	17 INFORMANT 2 J. Robert	cameron 230	Main St.,
	only one cause per line for all	b and c			APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
	only one cause per line for all SED BY	ARDIOPULM.	amy AME	17	minuse
Conditions, if any, which gave rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON		- CERCHAM/mos		Man 11/ Yest GIVEN IN PART 110
	ypin 1 WIDN				
190 DATE OF OPERATION 190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIC	ON WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	DEATH HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NAT REOFINIURY IN ITEM	B PART JR PART.
OR CONTRIBUTING CAUSE OF CHIEF EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	OFFICE FARM ETC I	21f LOCATION STREET	OWOT RO VII.)	COUNTY
220 I certify that (1) (this ho saw the deceased alive	spital) attended the deceased on	19 87	nd that in (my) (our) opinion (death occurred on the date and	that (I) (we) last hour and from the couses stated
THE PHYSICIAN'S NAME IN	Sour	15, 41	DEGREE ATTENDING PHYSICIAN DEGREE 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/10/17
Linus	BRILL MO		721 BRIDGE	- STACT EURON,	ms 21921
230 BURIAŁ, CREMATION, REMOV (SPECIFY) Burial	10-13-87	Elkt		Elkton	Cecil Md.
24 FLINERAL DISTORGE C	FORERAI H	EIKTO	on Md - DCT	1 4 1987 Julia S	SIPAR'S SI MATURE S

F137, 100 F11, 500 State of the second of the sec 200 1 1 1 1987 ALL TOUR ALL TO

ATTENDING PHYSICIAN The law

TO HOSPITAL OR ATTENDIN

BP.

DHMH 16 60M 7 'B4 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

007	REGISTRAR						REG NO		
UCI	PASED NAME	Mildr	Бе	A. Cha	arsha	ASI	October 22,		1:45 E
	3 SEX	TITTAL	4 RACE	A. Olla	S DATE O	2.5 0.1771	6 AGE IN YEAR LAS BIRTHDAY	1907	
	Female	9	White	e		22, 1901 YEAR	86	A STATE OF THE SAME	HE R MIT
35	Marylar Marylar		16 CITIZEN O	F WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OR COL		
10	Rising			f Hospital, Nursii tManorNur	NG HOME C	OR OTHER INSTITUTION	Housewife OF WORK	ING THE INDUSTRY	OF BUSINESS
	USUAL RESIDENCE 130 STATE Maryland	13b COU		13c CITY OR TOVE PERFOR	e admission)	13d INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP (1625 Ingleside	CODE Ave., Pe	1903 rryvill
20	14 FATHER'S NAME Edwar		A.	Jackson		15 MOTHERS MAIDEN NAI Hannah	E.	Fou	nds
1	160 WAS DECEASED		RMED FORCES	215-24-9			ville, Maress 2 arsha, 1625 In		Ave.
- T	18 CAUSE OF	ATH WAS CAUS	only one cause p ED BY ATE CAUSE (a)	er line for a bor	erch	orneules o	vail A	APPRO BETWEET	XIMATE INTERVAL NONSET AND DEAT
ws ony injury or all	cause 1 underlying	() ol	CONDITIONS	mice -	DE ATH BUT	NOT RELATED TO THE TERM		N GIVEN IN PART I	INGS USED
Item 18 sho	OR CONTRIBUTE	WAS UNDERLYING OF DE	EATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR		RED LENTED NAT HE OF H. IN ITE		- C.
Ö	21d INJURY C			E OF INJURY	FARM ETC	211 LOCATION	ITY OR TOWN	NITY	
ked	A STATE OF THE PARTY OF THE PAR	A De land							ATE
21 is morked	220 1 certify sow the		0 10-2		6-	nd that in (my (our) opinion	to 10 - 22 death occurred on the date and	198) d hour and from th	that 1 we)1
NT If them 21 is morked	270) certify sow the above 11 27b SIGNATI	that I ithis hosp deceased alive o I we did idid n	n U - 2	198		DEGREE ATTENDING PHYSICIAN	to	22t DAT	that 1 well
MPORTANT If Item 21 is morked	22a 1 certify sow the above 11 22b SIGNATI 22d PHYSICIA	that I this hose deceased alive a little did (did n) the little did	n U - Z	ly offer death Loc MO Or MO		ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	22t DAT	that 1 well e causes stated E SIGNED
IMPORTANT If Item 21 is morked	270) certify sow the above 11 27b SIGNATI	that I this hose deceased alive a little did (did n) the little did	n U - Zob DATE	ly after death loc MO 23(NAME OF C	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22t DAT	that 1 we) be causes stated

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67 07 7 4 _ NOV.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

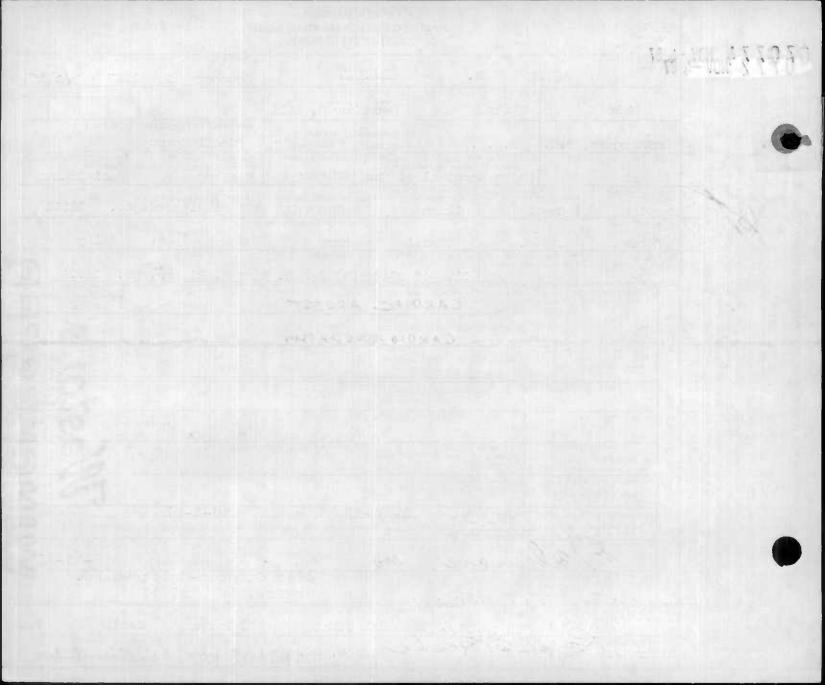
	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG N	0	. U	
ti	ASE LASED NAME FIRST	A	NDDLE	1.	AS1		MONTH	DAY YEAR	26 HOUR
	PE OR PRINT! WILLIA	M I		CIS	SEL		12,	1987	1535 M
F	3 SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	WON HE DAYS	HOURS MIN
l	Male	White		Nove	ember 2, 1921	65	DATS	MIN.	
F	70 BIRTHPLACE I STATE OR FOREIGN COUNTRYS	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C			
L	Washington, D.C.	U.S.A		WIDOWE		Cecil Co			MD
	Elkton	LIE NOT IN SUCH	FACILITY GIVE STREET	ADDRESS)	cil County	12d USUAL OCCUPATION OF WORK FOR MOST CORRESPONDENCE TO THE PROPERTY OF THE PR		LIFE) INDUSTRY	of Business OR Estate
	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)					
н	Maryland Cec		Elkton	VN I	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			21921
	14 FATHER'S NAME		i AST		15 MOTHER'S MAIDEN NA	ME MIDDLE		1.45	
ł	Robert	A.	Cisse	1	Mary	WIDDIE		Selb	
t	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRI	ESS		
l	(YES, NO OR UNKNOWN)	VE WAR OR DATES)	219 30	9644	William S. (Cissel, Elk	ton,	Md. 21	921
	18 CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause Iol. stating the underlying cause lost	TE CAUSE 10) DUE TO, OF	CARD	PIAC DIO M	ARREST			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT 100 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPSY? YES NO NO	20b IF Y	ES, WERE FINDING CAUSES	NGS USED
		ATH HOUR A.	M MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM E	R PART OR PART	
	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET FACTORY OFFICE	FARM ETC)	211 LOCATION	ITY OF TO)WN	COUNTY	STATE
	27a.t certify that (1) (this hasp sow the deceased alive an			4-14	-83 19 19 d that in (my) (our) opinion i	to 10-2-8 death accurred on the d			that (we) lost couses stated
	226 SIGNATURE	luna	n	MO	DEGREE ATTENDING PHYSICIAN &	MEDICAL STA	IFF CIAN []		21-87
	Dr. Ehsanur		an, M. D	•	Newar		glet 9713		•
1	230 BURIAL, CREMATION, REMOVAI	Name of Street, or other Designation, Name of Street, or other	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		Cecil	Md.
	Burial	10/16/	/87/ Re	oseban	k Cemetery	Calvert			
	Hicks Home for I	inerals	Herok	El	kton, Md. 250 DAI	e rec d by registrar V 0 3 1987	1 /	Deciden.	Randall

DHMH 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been upond a should be detached for use as the bunal-transit permit the proof with the State Dept. of Health and Mental Hygiene manner.

IMPORTANT If Nem 21 is marked or Item 18 shows and



TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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6 4	1	-2	0.5

		REGISTRAR							REG. N			
Inv]	5 DE	CSASED NAME	FIRST		MIGDLE	LAS	ST.	1	a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
14	20	A ENINT	EDNA	Н	OUSE	DALL	АМ		OCTOBER :	30. 1987		A
	3 SEX	X		4 RACE		5 DATE OF		1	AGE TIN YEARS LAST B		IF NOTER I YEAR	IF NOTE A HE
	1	FEMALE		WHITE		JANUARY	6, 1908	EAR	79	YRS	JN Y DAY	PTL JR J M JN
75		RIHPLACE MATE ON	ORE ION		WHAT COUNTRY?	8	☐ NEVER MARRI	15D 9	BALTIMORE CITY		OF DEATH	
2		MD		USA		WIDOWED			CF	CIL COUN	VTV	٨
3	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		· — ·	ON I	20 USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS C
0	1	ELKTON		-	WOOD NURSI		R		(RET) PAYMAS		FED GO	
20		AL RESIDENCE (IF NURS	1136 COUN		LISE CITY OR TOW		24 INICIDE CITY LIA				1, 22 00	
55	1	MD	HARFO		DARLINGTO		3d INSIDE CITY LIA	_	Bestreet Address 2125 SHURESV		4D	21034
67	I4 FA	THER'S NAME					5 MOTHER'S MAIL	-		TEEL HOL		
4	1	WILLIAM		WALTER	HOUSI	F	BESS	TF	MIDDLE		SC	ARBOROUGH
40		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	10	ADDR	RESS		AINDOINOOGI
1	1	VES NO OR UNKNOWN	(IF YES GIV	E WAR OR DATES)	216 05 77	27 M	ARS RUTH T	HOUSE	E, 2106 GLEN	COVE RO	DAN DAR	LINGTON
		18 CAUSE OF DEAT	M Ento, on	lu ana caura nar			22 771				APPRIO	KIAAATE INITEDIZAL
or other frau		Conditions, if any, gove rise to immorate o statin underlying couse	mediate	DUE TO, OI	R AS A CONSTITUTION	reite	usia		Enest Grabiova A	raila	Uslos	2)
s any injury, or other trau	ICATION	gave rise to imm cause o statin	nediate ing the last.	OND TO IS CO	R AS A CONSTU	DEATH BUT N	OT RELATED TO TH	- CV		VDITION GIVE		NGS USED
snows ony injury, or other frau	RTIFICATION	gove rise to improve the cause of stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA	nediate ing the last.	ONDHONS CO	R AS A CONSTITUTION OF	DEATH BUT N	OT RELATED TO TH	HE TERMIN	AL DISEASE OR COM	20b IF YES, IN CERTIFY YES	WERE FINDS	NGS USED
m 18 shows ony injury, or other trau	AL CERTIFICATION	gave rise to improve the cause of the cause	mediate ng the last. NIFICANT C	ONDITIONS CO	R AS A CONSTITUTION OF INJURY M. MONTH DA	DEATH BUT N OPERATION AY YEAR	OT RELATED TO TH	HE TERMIN	ALDISEASE OR COM	20b IF YES, IN CERTIFY YES	WERE FINDS	NGS USED S OF DEATH?
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sed or rrem 18 shows ony injury, or other frau		gave rise to improve the cause of stating underlying couse PART 2 OTHER SIGN SIGN SIGN CONTROL OF CONTRIBUTING CONTRIBUTIN	TION DERLYING CAUSE OF DEAL CALEXAMINER	IPB CONDI	R AS A CONSTITUTION FOR WHICH OF INJURY M. MONTH DOM M.	DEATH BUT N OPERATION AY YEAR 19	OT RELATED TO TH	HE TERMIN	AL DISEASE OR COM	20b IF YES, IN CERTIFY YES	WERE FINDS	NGS USED S OF DEATH?
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em z i is marked or item lo spaws ony injury, or omer ita	AL.	PART 2 OTHER SIGN 190 DATE OF OPERA 210 ACCIDENT WAS UNE OR CONTRIBUTING COLOR 21d INJURY OCCUR WHAT NOW ALL WORK WORK NOW ALL WORK 100 WHAT NOW ALL WORK A WORK NOW ALL WORK 210 MARCH NOW ALL	mediate ing the last. Iast. NIFICANT COLORS CAUSE OF DEAL CALEXAMINER RED (this hospit	IPB CONDI IPB CONDI IPB CONDI IPB CONDI IPB PLACE INTHOME ITE	R AS A CONSTITUTION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REE FACTORY OFFICE F	OPERATION AY YEAR 19 CARM ETC 1	OT RELATED TO THE WAS PERFORMED 21c HOW INJURY OF THE PERFORMENT	HE TERMIN	AL DISEASE OR CON 200 AUTOPSY? YES NOW LENTER NATURE OF INITIAL LITY OR TO	20b IF YES, IN CERTIFY YES DWN 1	WERE FINDING CAUSES	NGS USED S OF DEATH? NO []
II ITEM 21 IS MORKED OF ITEM 15 \$188% SONY INJUNY, OF Other from	AL.	gave rise to immediate to cause of stating underlying cause PART 1 OTHER SIGN STATE OF OPERA. 19a DATE OF OPERA. 21a ACCIDENT WAS UNION OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF COURS AND OF CONTRIBUTING OF CONTRIBUTING OF COURS OF CONTRIBUTING OF COURS	mediate ing the last. Iast. NIFICANT COLORS CAUSE OF DEAL CALEXAMINER RED (this hospit	I 196 CONDI I 196 CONDI I 196 CONDI I 196 CONDI I 216 TIME O I AT HOME ITE	R AS A CONSTITUTION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL FACTORY OFFICE F e deceased from	OPERATION AY YEAR 19 CARM ETC 1	OT RELATED TO THE WAS PERFORMED THE HOW INJURY OF THE	OCCURRED Opinion dec	AL DISEASE OR CON 200 AUTOPSY? YES NOW CENTER NATINE OF INIT 10 10-36 oth occurred on the community of	20b IF YES, IN CERTIFY YES UNITEM IS PA	WERE FINDING CAUSES OPPORTURE O	NGS USED S OF DEATH? NO [] that (we) couses stated
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MPORTANT If Item 21 is marked or Item 18 shaws only injury, or other fra	MEDICAL	gove rise to immediate to cause of stating underlying course part 2 OTHER SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	mediate igg the last. NIFICANT CONTINUE CONTINU	ONDRIONS CO	R AS A CONSTITUTION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY OFFICE F e deceased from OHER doubth	DEATH BUT N OPERATION AY YEAR 19 ARM ETC 1	OT RELATED TO THE WAS PERFORMED 21c HOW INJURY OF THE	OCCURRED Opinion dec DING CIAN	AL DISEASE OR CON 20a AUTOPSY? YES NO NO ITY OR TO TO O 3 Oth occurred on the company of the course of the co	20b IF YES, IN CERTIFY YES DWN 1 date and hour	WERE FINDING CAUSES OCTIVITY 927 and from the 22c DATE OCTOB	NGS USED S OF DEATH? NO [] that II (we) couses stated E SIGNED ER 30, 1
ANT If Item 21 is marked or Item	MEDICAL	gove rise to immacause of stating underlying course of stating underlying course PART 2 OTHER SIGN STATE OF OPERA. 19a DATE OF OPERA. 21a ACCIDENT WAS UNION OR CONTRIBUTING OF CONTRIBUTING OF COURSE OF STATE	mediate igg the last. NIFICANT CONTINUE CONTINU	IPB CONDI	R AS A CONSTITUTION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY OFFICE F e deceased from OHER doubth	DEATH BUT N OPERATION AY YEAR 19 ARM ETC 1	OT RELATED TO THE WAS PERFORMED 216 HOW INJURY OF THE	OCCURRED Opinion dec DING CIAN	AL DISEASE OR CON 200 AUTOPSY? YES NO NO CITY OR TO TO 30 TO 40 TO	206 IF YES, IN CERTIFY YES JEFFINITEM IS PA 206 ATTEM ON THE MARKET OF	WERE FINDING CAUSES OCTOB OCTOB	MGS USED 5 OF DEATH? NO [] that II (we) 2 couses stated ESIGNED ER 30, 1

17.00/20 199-317 4-30 64 10-30 47

8	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND LEALTH AND MENTAL HAYG ICATE OF DEATH	REG NO		9
4.1		CEASED NAME FIRST		MIDDLE		AST .	20 DATE OF DEATH	MONIH DAY YEAR	26 HOUR
168214 nct -	87	Gar	field		Davi	3	October 2,	1987	11:50P M
to the	1.50	MALE	A RACE	2	S. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	R IF UNDER 24 HR
Parent Pa	BII	OUNTRY) VIRGINIA	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	WD
o) by the hoadige		rry Point		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF TRUCK DRIVE	F WORKING LIFE INDUSTRY	OF BUSINESS OR Y VGTON GOV
BALTIMORE, MARYLAND 2120 Ite be executed within 24 hours union and completely filled in by upers. Pages 1 and 2 should be fill all the medical exaginer must be medical exaginer must be medical.	13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	PROTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OF TOW WASHING	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	3110 W STF	REET S.E.	4999
MARYL, mpletely ond 2 st exactione	I4 FA	THOMAS	WIDDLE	DAVIS		MATTIE	WE	WATKI	INS
IMORE,	(1	/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G NO	RMED FORCES?	578 16 4		CONSTANCE E.	LOMAX 3190 WASH	SW STREET S INGTON D.C.	.E.
W PRESTON ST.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	Lure NCE OF Cenal	insufficiency	7		DXIMATE INTERVAL NONSEL AND DEATH
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN The low require offending physicion free this certificate has been signs at he buriol-transit permit. Then he and Memol Hygiene prior to be not weed or them 18 shows any injurious	ATION	PART 2 OTHER SIGNIFICANT Diabetes mell:	itus			NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 1	
The lover of the service of the serv	CERTIFIC						YES NOXX	IN CERTIFYING CAUSE YES	NO 🗌
N OF VIII	MEDICAL CE	210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	R) P	.m. month da m.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
NVISIO offend offer this os the b h ond w	MED	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE F		211 LOCATION STREET	CHYORTO		STATE
ATTENDIN Sspital or CCTOR Al d for use of r of Health		22a I certify that X (this hosp saw the deceased alive a above, in (we) (aid) (surviv	oital) attended the Octob	er 2 19 after death.	Septe 87	nd that in XnX (Xour) apinion	, to <u>October</u> death occurred on the do	ate and hour and from th	ie causes stated
TAL OR AND THE HOR AND THE HOR AND THE HOR OF DEPOSITE OF DEPOSITE HERE		226 SIGNATURE / ac	jon	Mr.			MEDICAL STAF		3-87
O HOSPIT To FUNER Should be with the St		G. RAYSON, M	V			VA Medical (Center. Perr	v Point, MD	21902
D & D & S & S		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY VY CEMETERY	23d LOCATION CITY OR TOWN LANDOVER		M.D. STATE
	24 FI	INERAL DIRECTOR		4339 Hunt			E DECID BY DECISTOAD	25 LADEC ISTRAPIS SIGNIA	ATURE
DHMH - 16 50M 1/81 (VRA 15, 4)		llins Funeral		Washingto		1	TO 8 1987.	gula Davidson	-Mandall

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal. TENDING PHYSICIAN The law TO HOSPITAL OR ATTEN

BP.

DHMH 16 60M 7/B4 (VRA 15, 4)

IMPORTANT If Item 21 is marked or Item-18 shows ony injury, or other froumatic event, the medical

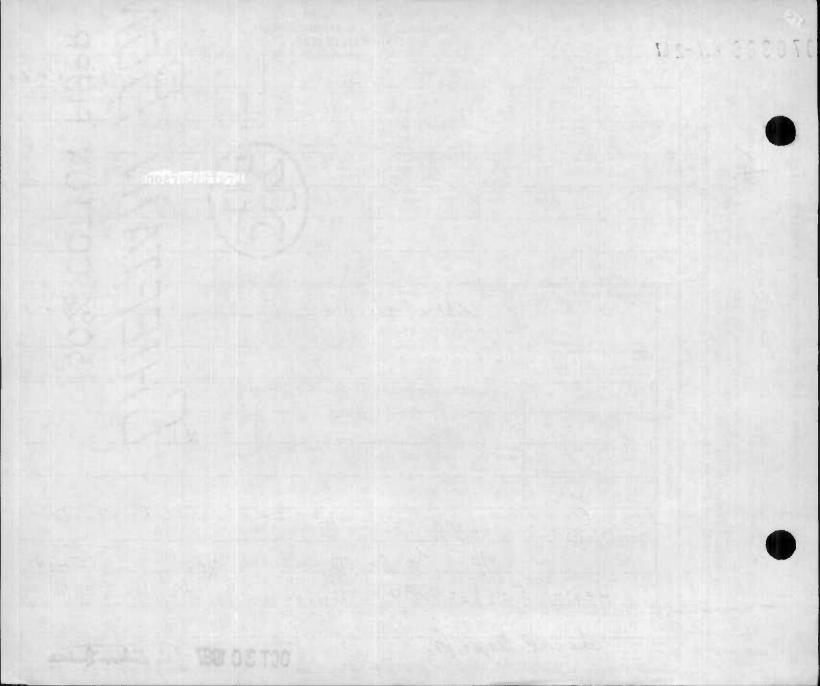
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	b 4				4
	REG. NO	0			
DATE OF D	EATH	10	/27/	87	12 1,15 A

	97	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	0		
-4		CEASED NAME	FIRS.		MIDDLE	i	AST			MONTH DAT	FEAR	2b HOUR
	TYPE	ORPRINT	NANCY		LOU	DO	BSCH			10/2	7/87	12:15 Aug
	3 SEX	X		4 RACE		5 DATE C		45.00	6 AGE (IN YEARS LAST BIR	THDAY)	INDER I TEAR	IF N(ER JHR
		Female		Cauca	asian	MONTH 6	16	1943	44	YRS	IAI,	HC JR! MIN
0	7a Bl	RTHPLACE STATE OR F	OREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER M	ARRIED T	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
		New York		USA		WIDOWE	D DIV	ORCED	Cecil	Co.		MD
4	10 CI	Elkton	ΛTΗ	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I I rkcaldi		OR OTHER INST	TUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	DE WORKING LIFE	126 KIND O INDUSTRY	F BUSINESS OR
1		AL RESIDENCE (IF NURS STATE MD	136 COUN	OTHER INSTITUTION			13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	ZIP CODE	2	1921
1	I4 FA	ATHER'S NAME		WIDDIE	LAST			IRS1	ME		, A1 1	
1		Louis			Thum		An		1000		vde	
		VAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU	ECURITY NO 17 INFORMANT ADDRESS						
		NO		094-34-66		693	Bruce E. Dobsch-husband			id (as		
		18 CAUSE OF DEATH	H Enter on	ly one cause per	line to a a b and c			APPROXIMAT BETWEEN ONSE			MATE INTERVAL ONSET AND DEATH	
		TAKTI. DEATH W		E CAUSE (a)	MRSO	/ her/1	oma				10	igears
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which (b)										
		gave rise to immediate cause o, stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause last										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)										
	ON											
2	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATIO		n was performed		200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES TO YES				
-	OK U	210 ACCIDENT WAS UNDERLYING		216 TIME OF INJURY		21c HOW INJURY OCCURRED LENIER NAT RE OF INJURY IN ITEM		RINITEM F FART	OR PART			
1		OR CONTRIBUTING CAUSE OF DEA				Y YEAR						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		21e PLACE OF INJURY		19	21f LOCATION					
	ME	WHILE NOT WH	III	(AT HOME STE	PEET FACTORY OFFICE F	ARM ETC.)	STREET		SHTY OF FO	WN	YTMI	TATE
		220.1 certify that this haspital attended the deceased from 9/2-19-8-7, to 1927, 19-8-7, that the last										
		saw the deceased olive on 1919 19 \$ 7, and that in(my) (our) opinion death occurred an the date and have and from the causes stated obove (1) (we) (fill) (did not) wew the body ofter death.										
		226 SIGNATURE 220 DATE SIGNED										
1			There Jorkey MD ATTENDING MEDICAL STAFF 10/27/87									
T		224 PHYSICIAN'S NA	ME (TYPE C	R PRINT)	1		22e ADDRESS	1	1 1	n 11	1 -	41.4
		He	nry	tar	kas, r	17	Lu	ion H	ospital of	ecilli	my El	kton, M)
	230 B	BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR C		13d LOCATION		DUNTY	STATE
	L '	Burial		10/29	0/87 / Gr	acela	wn Mem.	Prk.	New Cas	tle Ne	w Cas	tle DE.
	24 FL	UNERAL DIRECTOR	ank	U. Thay	C4. Dr.			25a DATI	E REC'D BY REGISTRAR	V		
	Sr	nicer-Mull	ikin .	& Warwic	K FH NO	nark	DF		3 0 148/	Tulia Deal	dem. Per	dall



rector p PRESTON ST., BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. FUNERAL DIRECTOR, after this certificate has been signed by it and be detached for use as the bunal-transit permit. Then please to the State Dept of Health and Mental Hygiene prior to burial, cro ATTENDING

otho

If Item 21 is marked ar Item

MPORTANT.

CERTIFICATION

MEDICAL

page 3

FOR - STATE REGISTRAR EASED NAME

Female

Grundy, ID CITY OR TOWN OF DEATH

70 BIRTHPLACE

Md.

14 FATHER'S NAME

NO

(YES NO OR UNKNOWN)

Conditions, if ony, which gave rise to immediate couse (0), stating the

underlying cause last

90 DATE OF OPERATION

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

Burial

226 SIGNATUR

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on above, (I) (we) (did) talk not

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDEN

McKinley Matney

18 CAUSE OF DEATH (Enter only one couse per line for to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)___

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION

22a I certify that (I) (this hospital) attempted the deceased

160 WAS DECEASED EVER IN U.S ARMED FORCES?

3. SEX

STATE OF MARYLAND

	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE PEG. NO.	
by.	OpA/	Terguson		828 A
	A RACE / White	Feb. 18 1927	6 AGE (IN YEARS LAST BIRTHDAY) AUNDER LYEAR MOINTER DATE	FUNDER LIHR
Va.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH	MD
ATH W	(IF NOT IN SUCH FACILITY, GIVE STREET Union Hosp	ital	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOmemaker. Home	BUSINESS OR
13b COUN Ce C	OTHER INSTITUTION GIVE RESIDENCE BEFORE 130 CITY OR TOW 211 North	Eastyes NO X	13e.STREET ADDRESS / ZIP CODE 231 Bouchelle Rd.	21901
	Matney LAST		a McClamahan	
	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 226-24		guson North East, Md	
AS CAUSE	aly one couse per line for (a), (b) D BY TE CAUSE (a)	at failne	APPROXIMA BETWEEN ON	ITÉ INTÉRVAL SET AND DEATH
, which mediate ng the last	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO I	NCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 1/0	
TIOM	196 CONDITION (OR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 706 IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED F DEATH?
CAUSE OF DEA		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 8 PART OR PART 22	
RED	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE F	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY	TATE
(this hospi ed olive on did) (did iii	tal) attended the deceased from	0 /	to 19 18 19 the death occurred an the date and hour and from the co	ot (we) last uses stated
		DEGREE	MEDICAL STAFF	GNED
H.	econ	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8/87
AME (TYPE O	PECORA /	PHYSICIAN 1220 ADDRESS 1 DEWAR	V DIRECTOR PHYSICIAN / 0/	9/87
AME (TYPE O	PECORA //	PHYSICIAN 120 ADDRESS 120 ADDRESS NAME OF CEMETERY OF CREMATORY Orth East Meth.	DIRECTOR PHYSICIAN /0/	9/87 Md.

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

0

4		1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE .	9507
-1			CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH W	ONTH DAY YEAR 26 HOUR
د م م	000 00×		Marvin Marvin	Milford Gatche	ell	October 2	2. 1987 8:30 A
697	829 OCT	3/SE	6/	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF INLIER YEAR IF INDER JHRS
4	rs off	1 -3	Male	White	July 24, 1921	66	YRS MIN AT HE IR'S MIN
Oth Po	772 hou	70 B	RTHPLACE ISTATE OR FOREIGN COUNTRY East, Md	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Cecil	COUNTY OF DEATH
of the de	with, with	10 0		11. NAME OF HOSPITAL, NURSING	S HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	MD. 17b KIND OF BUSINESS OR WORKING LIFE! INDUSTRY Strugt. Rail Road
AND 212	mds p	130 M (AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE A 130 TC ITY OR TOWN	ast yes No	13. STREET ADDRESS /	zip cape n. St. 21901
MAKTU ed within	mpletely ond 2 st	14. F	Milford G.	Gatchell LAST	15 MOTHER'S MAIDEN NAMED IN THE RESERVE OF THE RESE	a M. Ferguson	
IMOKE,	Poges 1			MED FORCES? 166 SOCIAL SECUR 219-07-		Gatchell N	N. Main St.
of, BAL	physicia an papers emoval event, the		PART I DEATH WAS CAUSE	ly one cause per line for (a), (b), and D BY E CAUSE (a)	ny seer of Justices	Kon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hot the deoth cer	by the ottending ase remove corbo al, cremotion, or re ather troumotic		Conditions, if any, which gove rise to immediate cause a stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (b) ACCV DUE TO, OR AS A CONSEQUEN (c) COLL	D.		
KDS. ZO	inpury. or	ATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN IN PART 1 to
he to	hc t p ien dws ony	RTIFICAT	19a DATÉ OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	YES NO NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \[\rightarrow NO \[\]
	sic note no sic	E	71n ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	121c HOW IN JURY OCCURE	PED (FRITED ALAZURE OF PAULUR	D. (15 to 10 0 t 01 10 0 t 01

HOUR A.M. MONTH DAY YEAR

LAT HOME STREET FACTORY OFFICE FARM ETC)

P.M

21e PLACE OF INJURY

TO FUNERAL DIRECTOR: After this central should be detached for use as the burial-trivial the State Dept. of Health and Mental. IMPORTANT: If them 21 is marked or liem, 2 BP.

MEDICAL

DHMH = 16 60M 7/84 (VRA 15, 4)

10-25-87 230 BURIAL, CREMATION, REMOVAL
BUTIAL

220 | certify tha (1) (this hospital) attended the deceased from saw the deceased glive on obove. (1) wer (did) (did not) view the body after death

OR CONTRIBUTING CAUSE OF DEATH

HE EITHER NOTIFY MEDICAL EXAMINER)

NO WHILE AT WORK

22d PHYSICIAN'S NAME (TYPE OR PRINT)

21d INJURY OCCURRED

226 SIGNATURE

North East Meth.

DEGREE

211 LOCATION

22e ADDRESS 223

ATTENDING PHYSICIAN

North East Cecil Md. HATE

221 DATE SIGNED,

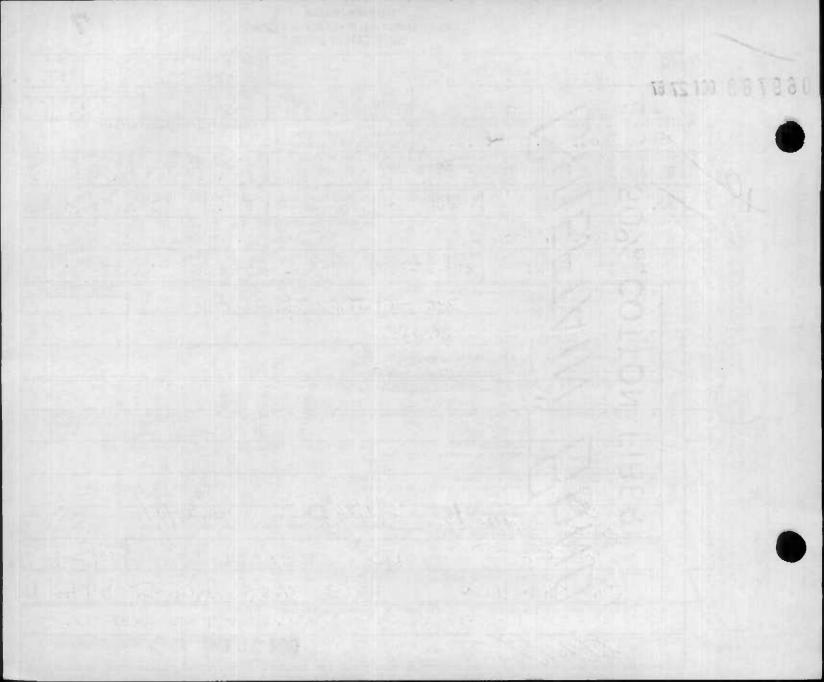
PATE RES D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CITY OR TOWN

and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR Ch Home North East,



0 6 8 3 0 3 grade alone alone

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			REG NO				
303 001 1	3.95	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
م م م م م م م م م	Po	August	J.	Gerschefske	October 4, 1987	8:30P M			
8.9	3. SE		RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
4 90 1		Male	Caucasian	April 20, 1919	68 YRS				
2 33/1/	7a BI	RTHPLACE STATE OF FOREIGN	b CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH				
100 /2/		Missouri	U.S.A.	WIDOWED DIVORCED	Cecil	MD.			
机等物人			1). NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR			
1117	Pe	rry Point	VA Medical Cente	2r	Laborer	Yeonas, Inc.			
od by a		AL RESIDENCE (IF NURSING HOME OR) STATE 13b, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS	CHANA			
# Fille	V	irginia Prin	ce William Quan		319 3rd Avenu	e /////			
orth.	14 F/	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST			
pa du o	2	Henry	Gerschef		a	Kreutzen			
d co		VAS DECEASED EVER IN U.S. ARA	(227.0.00.0414)		ADDRESS 3	19 3rd Avenue			
Poor		Yes 1944-	1946 317 03 4	156 Mrs. Mildred	Gerschefske Qu	antico, VA 22134			
ysicio opera vol. †		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b) one	direct (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
phy on poemo			CAUSE (o) Cardlopul	monary arrest					
of ic			DUE TO, OR AS A CONSEQUE	NCE OF					
deot ove tion	-	Conditions, if any, which	(b)						
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
thor d by leose iol. cr		underlying cause last	(c)						
gnee Burn burn rry, o	-	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART 1 0			
requestrated and a series	2								
low son	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?			
Siction of the house hou	=		AN THE OF BUILDY	121. HOW BUILDY OCCUP	YES NOX	YES NO			
physicol the physical the physical phys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	B PART I ORPART 2)			
SK Cen	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)		19					
PHY this the bu	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
orke		WHILE NOT WHILE AT WORK		A 11 7 06	0 . 1 . /	0.7			
Heo Heo		270 certify that (X) (this hospital) attended the deceosed from April 7 , 19.86 to October 4 , 19.87 , that (X) (we) last saw the deceosed alive on October 4 19.87 and that in XXX (our) opinion death occurred on the date and hour and from the causes stated apply (X) (we) (did) (X) (X) (X) (X) (X) (X) (X) (X) (X) (X							
ATTI SSD::1 SCTC d to t of m 21		obove, (K (we) (did) (oxoxoxo	Wiew the body ofter death.		death accurred on the date and h				
Oche Dep		226 SIGNATURE	a Dynns	DEGREE ATTENDING	MEDICAL STAFF/	220 DATE SIGNED 10-4-87			
RAL RAL	-	22d PHYSICIÁN'S NAME (TYPE OF	- (PHYSICIAN [DIRECTOR PHYSICIAN	10-4-07			
OSP ed be									
o HOSPIT.		CYNTHIA A. POW		VA Medical	Center, Perry F	oint, MD 21902			
111110	23a B	BURIAL, CREMATION, REMOVAL Burial	Oct. 8, 1987	JAME OF CEMETERY OR CREMATORY Quantico National	CITY OR TOWN	COUNTY . STATE			
BP	24.5			· ·	11 Tulig	le, virginia			
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME	castle Funeral H	ome CT (TE REC D. BY REGISTRAR 256 REG	down-harded			
	II (-11	HHTHAUSM/ML - Ca	stle F.H. Woodh	ridge, VA. VOI	O DISON SINGER	A A A A			

THE GO THE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2130

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	7 RUISTRAR		CERTII	FICATE OF DEATH	REG NO		
	PECEASED NAME FIRST HERBI	ERT MITCH		PRELL	Oct. 2, 1		2b HOUR 12:20 PM
3 5	SEX .	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		DER LYFAR HUNDIER LANK
	Male	White	Sept		95	YRS	(A) HOUR MIN
70	BIRTHPLACE I MATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMORE CITY O		EATH
Ma	arvland	USA	WIDOW	ED NEVER MARRIED DIVORCED DI	Cecil Co	untv	MD
	ising Sun	11, NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF BOOKKEEPER	ON 128	KIND OF BUSINESS OR DUSTRY Oil
Ma	UAL RESIDENCE (IF NURSING HOME of STATE 13b, COL Aryland Har	INTY 13t CITY	or town chville	13d Inside City Limits?	13e STREET ADDRESS / 414 Calvar		21028
17	FATHER'S NAME FIRST	MIDDLE	(40)	15 MOTHER'S MAIDEN NAM	WE		LAST
-	George Deve	(100, 300, 300, 300, 300, 300, 300, 300,	The state of the s	Amanda			Martin
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES O	IVE WAR OR DATES)	01-4365	Edith G. Mitc	ADDRE	Md. 21	028
	Conditions, if ony, which gove rise to immediate cause in stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEDUENCE OF	ne Hearly The Blee Those related to the term	and we are second		APPERAMATE INTERVAL BETWEEN ONSELAND DEALH 4+ DAYS 4+ DAYS 4+ DAYS 40 WAS DAW PART Ita
CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO []
MEDICAL CE	OR CONTRIBUTING CAUSE OF D LIFEITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR AM. MON	19	216 HOW INJURY OCCURR	CITY OR TO		OUNIY IATE
	22a I certify that (I) (this hos	0	190	nd that in (my) (our) opinion o			that (I (we) last from the causes stated
	27% SIGNATURE	y Pully	4.	ATTENDING PHYSICIAN (MEDICAL STAF	, 2	10/1/87
	DARI	NATON M	10 /	Sudley 7	hillipsi	les	
230	BURIAL CREMATION, REMOVA	1 13h DATE	THE NAME OF C	EMETERY OR CREMATORY	734 LOCATION	100	NN 1901
	Burial	Ort / 1997	Calvana	II M Comotors	Churchyri I		fored Md

DHMH - 16 60M 7 84

(VRA 15, 4)

DCHTANT IN A morked or Item 18 shows ony injury, or other troumotic event, 19

34 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009 23. DATE RECO. BY REGISTRAP DR. MEGISTRATA SIGNATURE AND COLORS 1987

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FOR STATE

STATE OF MARYLAND

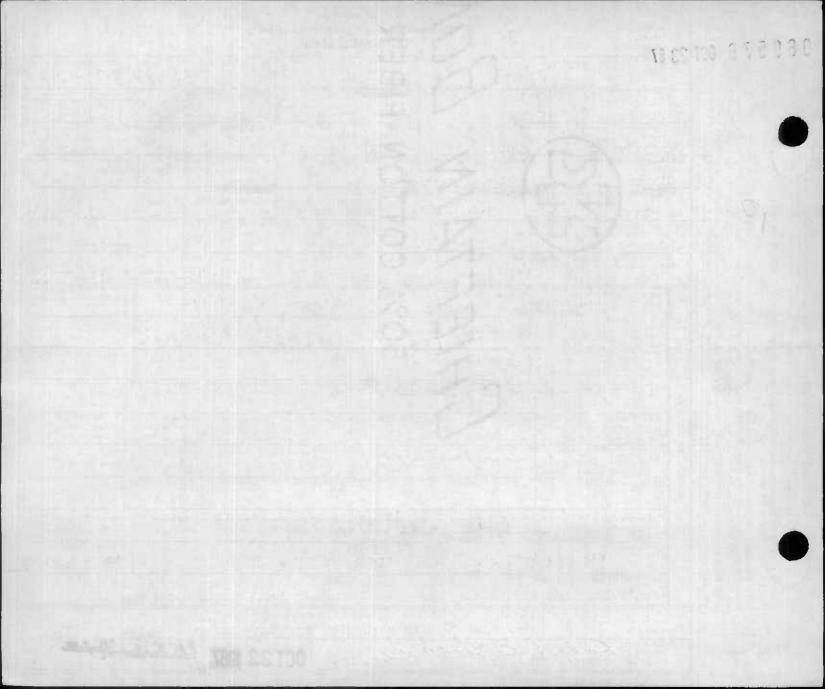
DEPARTMENT OF HEALTH AND MENTAL HYGUENE CERTIFICATE OF DEATH

T 22	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10				
FR	CLASED NAME	FIRS1		MIDDLE	Ĺ	AST		20 DATE	OF DEATH	MONIH	DAY	YEAR	26 HOL	JR
11YP	E OR PRINTI	er openo	т.		01171	222222				10	20	87	Q.	TOAM
3 SE		FLORENC	RACE	L.		BERSON		(ACT	N YEARS LAST BE		Y		IF UNDER	. 14
2 2E	: ^	4	KACE		5 DATE C		YEAR	a AGE (II	N YEARS LANT BI	NIHDAY)	10 10 10 10	ER YEAR	HC JAN	MIN
	Female		hite		July	29	1900	87		YRS				
7a B	COUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AA A PO IE	n NEVE	MARRIED -	9 BALTIM	ORE CITY	OR COUN	TY OF DE	EATH		
	ennsylvania	a	U.S.A		WIDOWE		DIVORCED		Cecil	Count	- 57			MD
10 C	ITY OR TOWN OF DE	ATH 11	NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER IN	STITUTION	12a USUA	L OCCUPAT	ION	12b	KIND OF	F BUSIN	55 OR
_	Elkton			good Nurs		enter		Homen	naker					
	IAL RESIDENCE HE NUR	136 COUNTY		1136 CITY OR TOW		A 124 INISIDE	CITY LIMITS?	112 STREET	ADDRESS	/ 7IP CO	DE			
1	aryland	Ceci		North Ea		YES T	NO T		1echan			T DA		190
_	ATHER'S NAME				50	15 MOTHE	R'S MAIDEN NA		iechan	TC2 A	alle	y Nu		130
	Coomer	MID	DIE	(AS1		-	FIRST		WIDDLE			All		
1/- 1	George	INTER ADAR	DEORGEGO	Gibison	101711110	Ev			ADDR	FCC	В	Bayle	tts	
	WAS DECEASED EVER	IN U S ARME		166 SOCIAL SECU	JRITYNO	17 INFORA	MANI			rth E	act	ма	21	901
	No			212 88	8503	Doro	thy E.	Logan,	811 M	echan	ics,	Vall	ev F	₹d
CERTIFICATION	PART 2 OTHER SIG		vditions <u>C</u>	R AS A CONSEQUI	DEATH BUT			MINAL DISEA		20b IF Y	ES, WERI	PART 1 (1)	GS USE	
1 2								YES 🗌	NO		YES 🗌		NO []
CAL	210 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	216 TIME C HOUR A	M. MONTH D	AY YEAR	21c HOW	NJURY OCCUR	RRED LENTER	IIM 3C 39 TAM	R. NIEMIE	B PART OR	¢ ART		
MEDI	NHILE NOT WE AT NOT	HILE [21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM E I	211 LOCAT			THE SET)WN	700	NTY		'ATE
	sow the decess	ed alive on	10	74. 19	13		C 719_ v lour opinion	to	red on the d	ote and hi		iom the c		
	77h SIGNATURE	noto o				DEGREE 1)	ATTENDING PHYSICIAN	MEDICA DIRECTO	L STA	FF CIAN []	22	DATES		8
1	22d PHYSICIAN'S N	AME (TYPE OR PR	INT)	process of the same of the sam		22e ADDRI	SS							
	Dr. Mahe	sh Moor	idra, N	M.D.		3 Ma	uldin A	Ave., 1	North	East	, Md.	. 219	01	
23a	BURIAL CREMATION.	REMOVAL	236 DATE	230 1	VAME OF C	EMETERY OF	CREMATORY		CATION			150		TATE
	Burial		Oct.23	,1987 Un:	ion Me	thodi	st Ceme		Union	C	ecil		Mo	
	UNERAL DIRECTOR	200	1	2/ 1	/	,	250 DA	TE REC D. BY		PSA REGAR	erg with the	ITANDI	31.00	
Hi	cks Home	or Fun	erals	A CARROLL	Elkto	n, Md		1221	987	whenle	red down	mblask	DATE:	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT If Item 21 is marked at Item 18 shaws any



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DHMH - 16 50M 1/B1 (VRA 15, 4)

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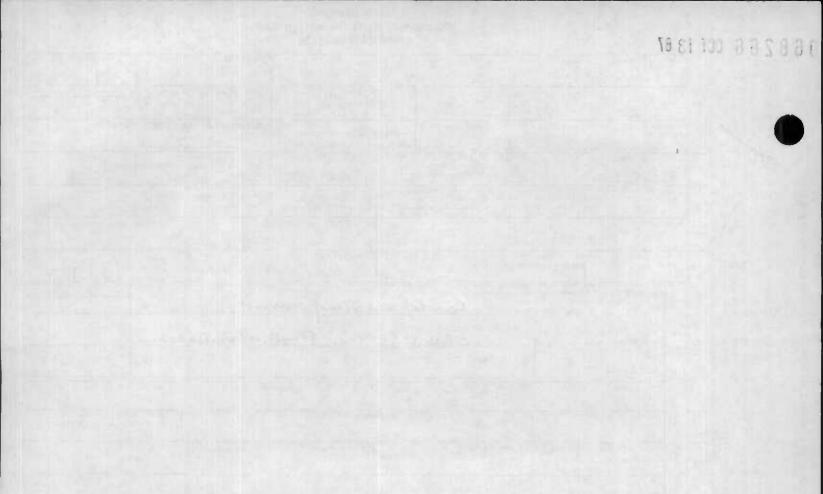
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

		FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL BYG	REG. N	0	3 6	
		EASED NAME FIRST	WIDDI#		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
			s Edward Hami			October			8:30A M
	3 SEX		4 RACE	5 DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	II UNDER 24 HRS
	Marine Control	Male	Caucasian	Apr		64	YRS		
	(RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
1		laryland	USA	WIDOWI				ount	
	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C INDUSTRY	F BUSINESS OR
	Po	erry Point, Md	VAMC, Perry	Point,	Maryland	Deck Ha	nd	Tug	Boat
1	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COUR	OTHER INSTITUTION GIVE RESIDENCE BEI		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	Ma	ryland -	- Balti	more	YES NO	3618 Ray	enwood	Ave	.21213
1		THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
1	/	John Hamilto			Stella				
7		AS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDR	ESS		above
-	1		VII 215 12	1186	Kathleen S.	. Hamilton	n, Wife	, samo	e as
		18 CAUSE OF DEATH (Enter or	nly one cause per line for (o), (b),	ond (c)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (0) Respir	atory	Failure				
		MMCDIA		21151165 25					
		Conditions, if ony, which	due to, or as a consec	arrhyt	hmia of lung	with metast	acic		
		gove rise to immediate			imita of fang	with metast	<u>ao 15</u>		
		couse oi, stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF					
		DARTO OTHER CICALIES AND	(0)	IO DE ATU BUI	NOT BELLIED TO THE YEAR	INTERIOR OF COL	DITIONICATION	DI DADT 1	
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	IO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN	IN PART III	a
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b IF YES, W		
1	FIC					YES NOT	IN CERTIFYIN		OF DEATH?
	ERT	71a. ACCIDENT WAS UNDERLYING	7 16 TIME OF INJURY		21c HOW INJURY OCCUR				110 [2]
1		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR		(English and Or have			
	O C	(IF EITHER NOTIFY MEDICAL EXAMINE		19	211 LOCATION				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	CE FARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
		WHILE NOT WHILE AT WORK			10 00 06				
			ital) attended the deceased fro		12-22- 19 86				thatXiX(we) lost
			10_/19 Striew the body ofter death	87	nd that in (mg/ (our) opinion	deoth occurred on the d	ote and hour or		
		226 SIGNATURE	~1		DEGREE	MEDICAL	rr	224 DATE	SIGNED
		ne	A celle	-0		MEDICAL STA		10-	4-87
		27d PHYSICIAN'S NAME (TYPE C	OR PRINT)		77e ADDRESS				
		PREM LAL, MD			VAMC, Perry	Point, Mar	yland		
		URIAL, CREMATION REMOVAL	. 23b DATE 2	30 NAME OF	CEMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
	·	Burial	10/7/87	Garr	ison Forest			ty,	7
	24 FL	INERAL DIRECTOR		Brehms	250 DAT	TE REC'D BY REGISTRAR			
	Sc	himunek Funera	1 Homo		d 21213 OCT	06 1097	1 . ~ .		
			Dalli	nore, r	0. 414131001	VV 130/	The Alexander	4	-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGLENE CERTIFICATE OF DEATH

68266 OCT I	3 6	FOR TATE PEGETRAR		DE	PARTMENT OF H CERTIF	EALTH AND ME		IENE / REG NO	2	de
00200 00.		CEASED NAME FIRS	1	WIDDLE	l	AS!		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1 75	1000	Edwar	d	J.	Hic	ckey		10	07 87	7:50 am
1 10	1 58		4 RACE		5 DATE C			6 AGE (IN YEARS LA I BIRTHDAY)	F TODER YEAR	
7 85		Male	la!	hite	10 MONTH	15	YE AR	86 yr	MCMIN' (A)	HOLES M.N.
1 11/0/	7a B	IRTHPLACE CATE OR FOREIG		OF WHAT COU	NTRY? 8			9 BALTIMORE CITY OR COUN		
100 15		Scottdate, P	A U	.S.A.	WIDOWE	D NEVER MAI		Cecil Coun	tv	MD
分 學 经示	10 0	ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL, N	JURSING HOME C			120 USUAL OCCUPATION	126 KIND	OF BUSINESS OR
6 1 1176		ising Sun	Cal		or Nursi	ng Home,	Inc.	Steel Worker	St	eel
2120	UsU	AL RESIDENCE LIF NURSING HO	OME OR OTHER INSTIT	UTION GIVE RESIDENCE		13d INSIDE CITY	LIMITS?	13e STREET ADDRESS / ZIP CO	DDF	
and a second		MD	Cecil		n East		0 🗌	71 Old Elk Ned		21901
MARYL	14 F	ATHER'S NAME Micha	el Micl	key	-51	15 MOTHER'S M		ME MIDDLE MIDDLE	LA	ST
		WAS DECEASED EVER IN U	S ARMED FORCES GIVE WAR OR DA		L SECURITY NO	17 INFORMANT		71 Old F	Neck I	Road
BALTIMORE,		AER MOLLE AND MAIN (11E A	ES GIVE WAR ON DA		-03-7144	Miriam	McMas	ter 71 Old E	ast, MD	21901
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ORD PHYSICIAN The law requires that the death cert attention physician of the this servicate has been signed by the attending of the this servicate has been signed by the attending of the burial-transit permit. Then please remove control hand Mental Hygiene prior to burial, cremation or orked or them 18 shows any injury, or other troumatic.		Canditions, if any, whis gave rise to immedia cause to stating the underlying cause lan	~							
w requires we requires to a signer of the plant of the	CERTIFICATION	PART 2 OTHER SIGNIFICATION			IG TO DEATH BUT				YES, WERE FINDI	INGS USED
L REC	IFIC							YES NOW IN CEI	RTIFYING CAUSE	S OF DEATH?
ON OF VITA IYSICIAN TH ding physicic s cert ficate burial-transit Mental Hygic		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOL	ME OF INJURY JR A.M. MONT P.M	H DAY YEAR	21¢ HOW INJU	RY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM		
NUSION NG PHYS offer this of the burner of	MEDICAL	21d INJURY OCCURRED	(AT HO	ACE OF INJURY ME STREET FACTORY	OFFICE FARM ET)	211 LOCATION		NWOI RC	COUNTY	ATE
Spital or CTOR Alfor use of Health		220 I certify that (I) (this saw the deceased all abave, (I) (we) (did) (c					19	, todeath accurred on the date and		that I (we) last e causes stated
ITAL OR A by the ho RAL DIRECHED STEACHED THE DESCRIPTION THE		226 SIGNATURE	an	den) -	***	ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	SIGNED 7
O HOSPI		MADHU SA		M.D.		3 N. M	lain S	t., North East,	Md. 2	21901
BP		BURIAL, CREMATION, REMO	10	-10-87	St. J	ohn's		Scottdale		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	CMOUGH FU	neral	Home N.C	rth Eas	st, Md.	OCT	E REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNA	

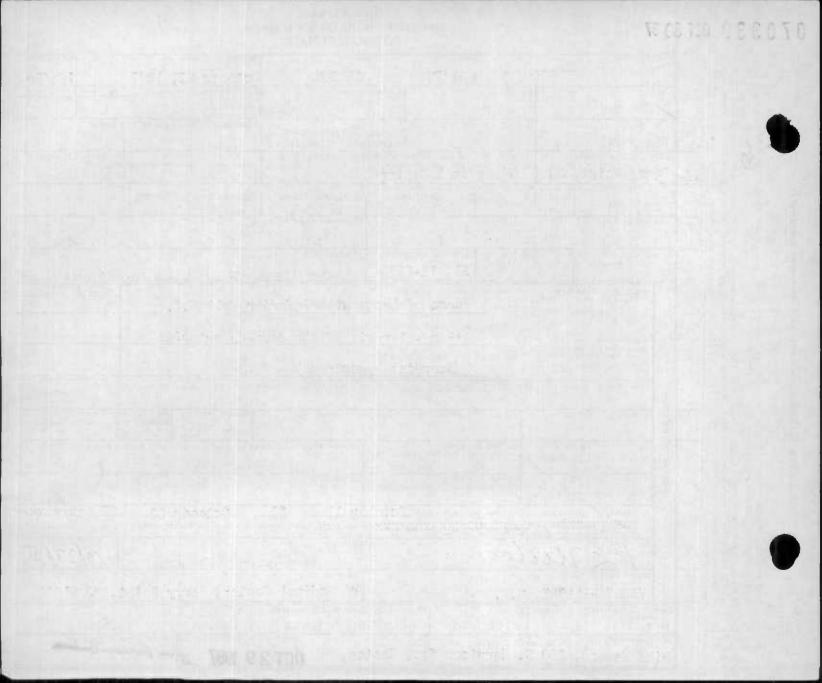


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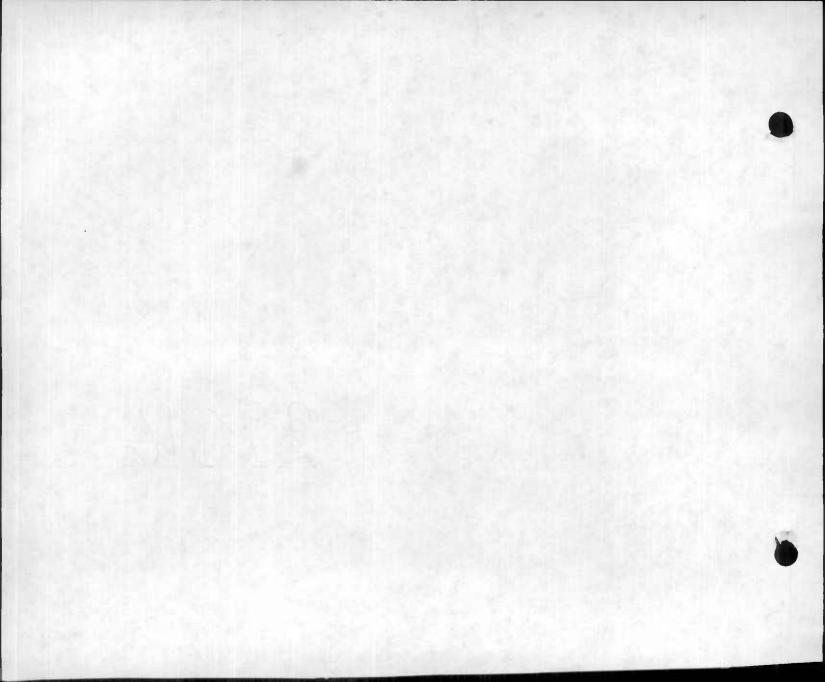
STATE OF MARYLAND

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	1 050	REGISTRAR	F1R5.5	MiD	DIE	EAS		- AIII	RE 20 DATE OF DEA	G. NO	DAY YEAR	I compression
5 t		CEASED NAME	EDWARI		ARVIN		ACKSON					2b HOUR
page 3 death	3 SEX		LUMAN	4 RACE	ALATA	5. DATE OF			October 6 AGE (IN YEARS)		IF INDER YEAR	12:45p
afte	ivi			White		07	09	YEAR 16	71		WALL DATE	HCT IR A MIN
sinou al	7a Bil	RTHPLACE (MINI	E OF FORLIGN	76 CITIZEN OF WE	HAT COUNTRY?	8			9 BALTIMORE C		INTY OF DEATH	
2 /0		arvland	1	U.S.	А	WIDOWED	NEVER M.	ORCED	Cecil	_		
otified	10 CT	rry Poir		11. NAME OF HO		NG HOME OR			12a USUAL OCCI	MOST OF WORKI	NG TIFET INDUSTRY	of Business o
Spe	USU A 13a S	L RESIDENCE (#	NURSING HOME OF	ROTHER INSTITUTION GIV		RE ADMISSION)	3d INSIDE CIT	TY LIMITS?	13e STREET ADDR			1100110
1		aryland	Ta	lbot	Easton			NO []	416 Gle	ebe Ro	d 21601	
PM	14 FA	THER'S NAME		WIDDLE	LAST		5 MOTHER'S	IRST	AE MID	DIE		ASI
1	1	Willian		Howard	Jacks			dith		000000	Mo	ore
dico	[Y	AS DECEASED E	(IF YES GI	VE WAR OR DATES)	SOCIAL SECT		7 INFORMAN			DDRESS		
E	ye	S	WW	Il	214-12-	62/0	Eudor	a C Ja	ckson 416	Glebe	Rd Easto	
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of, cre		underlying co		DUE TO, OR A	yocard	ial Hyp	ertrop	hy				
la buriol, crei ijury, or othe	NO	underlying c	ouse last	ONDITIONS CON	Myocard	ial Hyp			INAL DISEASE OR	CONDITION	I GIVEN IN PART 1	a
ou A	ICATION	underlying c	SIGNIFICANT	(c)CONDITIONS CON	Myocard	DEATH BUT N	OT RELATED 1	TO THE TERM	INAL DISEASE OR	20b IF	I GIVEN IN PART I	INGS USED
ws ony in	RTIFICATION	PART 2 OTHER 19a DATE OF OP	SIGNIFICANT	(c) CONDITIONS CON	Myocard TRIBUTING TO DN FOR WHICH	TAL Hyp	OT RELATED T	MED	200 AUTOPSY	20b IF	F YES, WERE FIND ERTIFYING CAUSE YES []	INGS USED
18 shows	CAL CERTIFICATION	PART 2 OTHER 190 DATE OF OP 210. ACCIDENT WA OR CONTRIBUTING	SIGNIFICANT ERATION SUNDERLYING [CAUSE OF DE	CONDITIONS CON 19b CONDITION 21b TIME OF I HOUR A.M.	Myocard TRIBUTING TO DN FOR WHICH	TAL HYP	OT RELATED T	MED	200 AUTOPSY	20b IF	F YES, WERE FIND ERTIFYING CAUSE YES []	INGS USED S OF DEATH?
ond Mental Hygiene priar t ked ar Item 18 shows any in	MEDICAL CERTIFICATION	PART 2 OTHER 190 DATE OF OP 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OFC	SIGNIFICANT ERATION SUNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED	19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CONDITIO	Myocard ITRIBUTING TO DIVEOR WHICH MUURY MONTH D	TEATH BUT NO HOPERATION	OT RELATED T	MED URY OCCURR	200 AUTOPSY YES [X] NO ED (ENTER NATURE C	20b IF	F YES, WERE FIND ERTIFYING CAUSE YES []	INGS USED S OF DEATH?
entol Hygiene priori	-	PART 2 OTHER 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTHY 21d INJURY OCC AT WORK A 22a 1 certify tho	ERATION SUNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED OF WHITE COORS OF (1) (this hosp	19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CONDITIO	Myocard ITRIBUTING TO DN FOR WHICH NJURY MONTH D INJURY FACTORY OFFICE.	DEATH BUT NO HOPERATION PAY YEAR 19 Octobe	OT RELATED TO WAS PERFORE THE LOCATION STREET	MED URY OCCURR	200 AUTOPSYT	206 III	FYES, WERE FIND ERTIFYING CAUSE YES M 8 PART L DRPART LINNIY	INGS USED S OF DEATH? NO
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ept of Health and Mental Hygiene priart	-	UNDERLYING CO	ERATION SUNDERLYING CAUSE OF MEDICAL EXAMINE CURRED OF WHILE CORRED OF	19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITIONS CONDITIO	ITRIBUTING TO ON FOR WHICH NJURY MONTH D INJURY FACTORY OFFICE.	DEATH BUT NO HOPERATION TAY YEAR 19 Octobe XXXXX	OT RELATED 1 WAS PERFOR 21c. HOW INJ STREET 1 3 that in XIX	MED URY OCCURR N 19.87	200 AUTOPSY YES [X] NO FED (ENTER NATURE CO. 110 OC TO death occurred on	P 206 II IN CE	FYES, WERE FIND ERTIFYING CAUSE YES M 8 PART DR PART LAINTY 19 87	INGS USED S OF DEATH? NO
If Hem 21 is marked or Hem 18 shows ony in	-	PART 2 OTHER 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (JEETHER NOTIFY 21d INJURY OCC WHITE AT WORK 22a 1 certify the XXXXXXXX ODOVE, (II I'M ODOVE, (II I'M ODOVE, (II I'M)	ERATION SUNDERLYING CAUSE OF MEDICAL EXAMINE CURRED OF WHILE CORRED OF	19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITION 19b CO	ITRIBUTING TO ON FOR WHICH NJURY MONTH D INJURY FACTORY OFFICE.	DEATH BUT NO HOPERATION TAY YEAR 19 Octobe XXXXX	WAS PERFOR 21c. HOW INJ 21f. LOCATION STREET 13 that in XIXI (MED URY OCCURR N 19 87 our) opinion o	200 AUTOPSYT	206 II IN CE	FYES, WERE FIND ERTIFYING CAUSE YES WES PART DREAM TO THE PROPERTY OF THE PRO	INGS USED S OF DEATH? NO DEATH?
State Dept of Health and Mental Hygiene prinart N.T. If them 21 is marked or Item 18 shows ony in	-	PART 2 OTHER 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (JEETHER NOTIFY 21d INJURY OCC WHITE AT WORK 22a 1 certify the XXXXXXXX ODOVE, (II I'M ODOVE, (II I'M ODOVE, (II I'M)	ERATION SUNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED DI WHITE 1 WORK Ve) Idid) (did no	19b CONDITIONS CON 19b CONDITIONS CON 19b CONDITION 19b CO	ITRIBUTING TO ON FOR WHICH NJURY MONTH D INJURY FACTORY OFFICE.	DEATH BUT NO HOPERATION ANY YEAR 19 ACTOBE XXXXX and DE	WAS PERFOR 21c. HOW INJ 21c.	MED URY OCCURR N 19.87 our) opinion of	200 AUTOPSY: YES [X] NO RED (ENTER NATURE CO TO OC TO Death occurred on MEDICAL DIRECTOR PI	P 20b IF IN CE	FYES, WERE FIND ERTIFYING CAUSE YES A 8 PART L DRPART LIGHTY 19 87 I hour ond from the	INGS USED S OF DEATH? NO [] WINX X X X X X X X X X X X X X X X X X X
e Dept of Health and Mental Hygiene prior I if Item 21 is marked ar Item 18 shows any in	MEDICAL	UNDERLYING COMPART 2 OTHER 190 DATE OF OP 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTHY) 21d INJURY OCC WHILE AT WORK A 220 1 certify the XXXXXXXXXX OBOVE, (I) [W] 22b SIGNATURE 22d PHYSICIAN* VIJAY N	SIGNIFICANT SUNDERLYING SUNDERLYING CONTROL OF DE MEDICAL EXAMINE CURRED	21b TIME OF II HOUR A.M. 21e PLACE OF (AT HOME STREET STOTI VIEW THE BODY OFF CAN AND A CONTROL OF PRINT) M.D.	Myocard ITRIBUTING TO DN FOR WHICH NJURY MONTH D INJURY FACTORY OFFICE. deceosed from XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DEATH BUT NO HOPERATION HAY YEAR 19 Octobe XXXXX and	WAS PERFOR 216. HOW INJ 216 LOCATION STREET 1 3 that in XiX 16 GREE AT PI 220. ADDRESS VA Med	MED URY OCCURR N 19.87 our) opinion of tending hysician Co	200 AUTOPSY: YES [X] NO RED (ENTER NATURE CO TO OC TO Death occurred on MEDICAL DIRECTOR PI	P 20b IF IN CE	FYES, WERE FIND ERTIFYING CAUSE YES WES PART DREAM TO THE PROPERTY OF THE PRO	INGS USED S OF DEATH? NO [] STATE XINXXXXXXXI E GOUSEN Stated E SIGNED 2 3 / 5
NAT if them 21 is marked or them 18 shows only in	WEDICAL WEDICAL	UNDERLYING CO	SIGNIFICANT SUNDERLYING SUNDERLYING CONTROL OF DE MEDICAL EXAMINE CURRED	21b TIME OF II HOUR A.M. 21e PLACE OF (AT HOME STREET STOTI VIEW THE BODY OFF CAN AND A CONTROL OF PRINT) M.D.	Myocard ITRIBUTING TO ON FOR WHICH NJURY MONTH D INJURY FACTORY OFFICE. ACCORD OFFICE. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DEATH BUT NO HOPERATION ANY YEAR 19 ACTOBE XXXXX and DE	WAS PERFOR 216. HOW INJ 216.	MED URY OCCURR N TENDING HYSICIAN ICAL C	200 AUTOPSY: YES [X] NO RED (ENTER NATURE CO TO OC TO Death occurred on MEDICAL DIRECTOR PI	POPTIONN OPTIONN OPTIONN STAFF HYSICIAN OPTIONN	FYES, WERE FIND ERTIFYING CAUSE YES A 8 PART L DRPART LIGHTY 19 87 I hour ond from the	INGS USED S OF DEATH? NO [] WINX X X X X X X X X X X X X X X X X X X



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CERTIFICATE #29516



MPORTANT If frem 21 is

DHMH 16 60M 7 B4

(VRA 15, 4)

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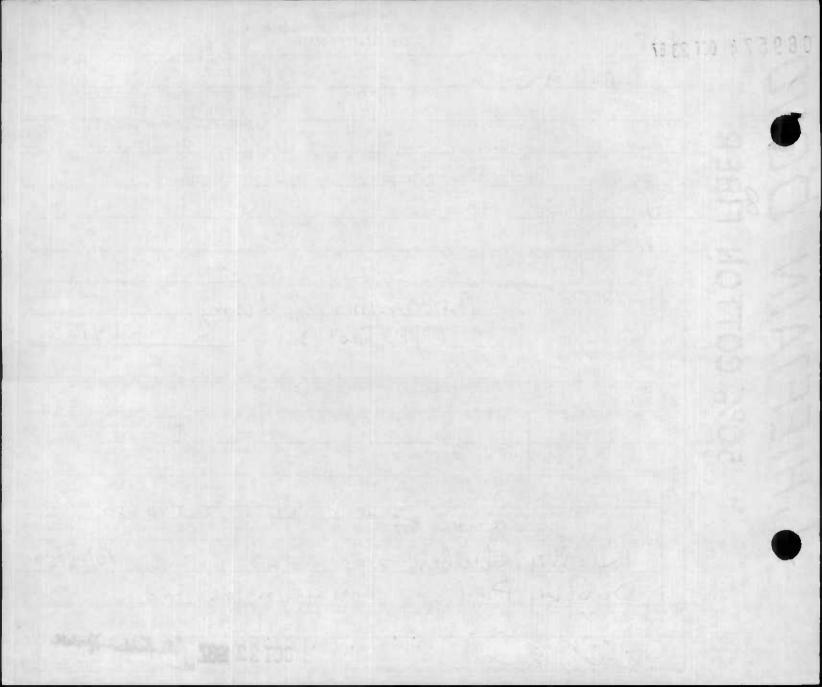
FOR STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

5 17

•		TEGISTRAR				CERTIF	ICATE OF DEATH	1	REG N	0				
4	1 DEC	LEASED NAME	FIRST	,	WETTE		AS'	T	20 DATE OF DEATH	MONIH	DAY	YEAR	26 HOU	R
	LINDE	Pau]	line	Stept	0.8	Lawre	ence	774		10	14	87	2:30	DM
	3 SEX			4 RACE		5 DATE C	OF BIRTH		AGE CINYEARS LAST BIR			MER ITAR	3 L3, 35 %	4 + 62
		Female		White		MONTH			7.	5 YRS	W 194		·····jkr	WIN
è	7e BII	RTHPLACE THE SE	FORE GN	76 CITIZEN OF	WHAT COUNTRY?	8		- 0	BALTIMORE CITY	110	Y OF D	EATH		
è	-	Delaware		U.S	.A.	WIDOWE	D NEVER MARRIE		Cecil County					MD
	10 CT	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTIO	N I	120 USUAL OCCUPAT	ION	121	b KIND C	F BUSINE	-
2	Ri	sing Sun			t Manor N		na Home, Ir	nc.	housewife		LIFE IN	IDUSTRY		
	USUA 13n S	AL RESIDENCE IF NURS	136 COUN	CHER INSTITUTION		ADMISSION)	113d INSIDE CITY LIM	irea Li	3e STREET ADDRESS	/ 71D COI	DE			
5		ryland	Ced		Charlest		YES NO E		P.O. Box		JE		21	914
	14. FA	THER'S NAME		MIDDLE	IAST		15 MOTHER'S MAID	EN NAM	E MIDELE			A		
T	2	James		MIDDLE	Steptoe	9	Mary		Wilst Is				ong	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT		P.O. Bo		6			
		NO ON UNKNOWN!		E WAR ON DATES	212-40-5354 Walter Lawrence Charlesto				stown	. МГ	21	9.14		
		18 CAUSE OF DEAT	H Enter or	ly one cause per	tine toy a b and	d c		-)				MATE INTERVO	VAL
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ARCINOMILE of Lynne												
				DUE TO OI	R AS A CONSEQUÍ	NGE OF	7-1					1 1	0	
		Conditions, if any,		(b)	(1)	Me	las 13	15	0			17	14	
		gave rise to immediate cause a stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying cause last												
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a												
	ē													
	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY				OF DEATI	
Ų	RT F			2 200 200 200			100		YES NO		YES 🗍		NO [
5		210 ACCIDENT WAS UND	L.	I LIGHT A	m month da	Y YEAR	1216 HOW INJURY O	OCCURRE	D ENTER NATIRE I	PINIEMI	FAR'	RFAR".		
١	MEDICAL	IF FITHER NOTIFY MEDI	CALEXAMINE	n P_/		19	1011 100111011							
	MED	21d INJURY OCCURE		21e PLACE (OF INJURY SET FACTORY OFFICE FA	ARM ETC	211 LOCATION		TY OF 10	WN		NIY	-	ATE
		A 14 1/2	P K			-		-	0	1 0 0		-		
		220 I certify that (I) saw the decease		1.0	e deceased fram_	- 1	nd that in imy our a	S /	to che d	1 (4	<u>ئے 19</u>	,	that I (w	
		above () (we (c			after death	/		pinion de	ediff occurred on the di	are and no				red
		The second of	00	0.00		1	DEGREE ATTEND	ING ,	MEDICAL STA		1	DATE	SIGNED	
_		22d_PHYSICIAN'S NA	we	will	mely		PHYSIC 27e ADDRESS	IAN V	DIRECTOR PHYSIC	IAN		10	17/5	3/
		UL	716		nilips		DAS	411		mo				
	230 B	urial, CREMATION.	REMOVAL	JJN DATE	23c N	IAME OF C	EMETERY OR CREMAT	TORY	West C	hest	יי יין	The	ster	ATEP 9
		oremat.		1 10-1	6-87 R		Ferris &	Co		-		5.00	and all	
	24 FU	NE KATOBET ON	Fune	Lar Po	me Nort	n Fa	st, Md. 25	TOP	PEC D BY REGISTRAR	TOP REGI	MARIA	Jan Jan	Martin	
		Mary	11-1	un				001	THE MARKET		-			



TO FUNERAL DIRECTOR. After this certificate has been signed by the unfinited principle should be detached for use as the buriof trons; premit. Then please with the State Dept. of Health and Mental Hygiene parior to buriof, cr. minimum MPORTANT. If them 21 is marked or them 18 shows any injury or other transfer.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

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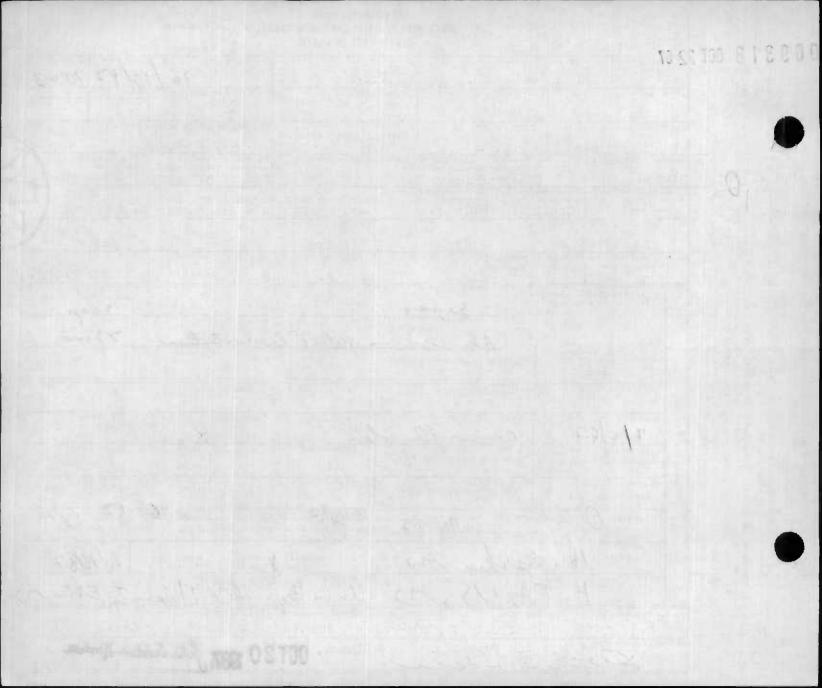
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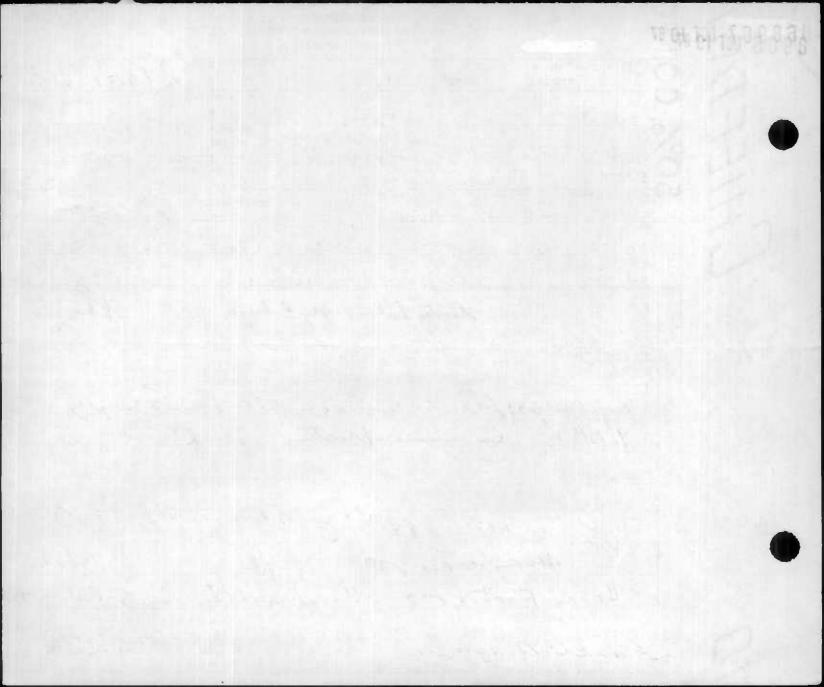
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG NO	0.			
Z DU FASED NAME	FIR' "		MIDDLE	l.	AST	20 DATE OF DEATH	MONTH / D	AY YEAR	26 HOUR	
TYPE OF PRINT)	ANSY		L.	LIV	ELY		10/1	6/87	10:45/	
3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	HDAY	IE UNDER FEAR	H NIFR JH	
Male		White		Marc	h 10 1910	77	YRS		TO M IMPORT	
TO BIRTHPLACE	R FOREIGN	76 CITIZEN OF	WHAT COUN	TRY2 8		9 BALTIMORE CITY O		OF DEATH		
West Virgin	ia	U.S.A		WIDOWE	DIN DIVORCED	Cecil	County		MC	
10 CITY OR TOWN OF DE			-		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND O	F BUSINESS OR	
Elkton			H FACILITY, GIVE			TYPE OF WORK FOR MOST O	-	Morto	n-Thikol	
USUAL RESIDENCE IF NO	PSING HOME OF	496 Fre				Security G	Jaru	1.02.00		
130 STATE	13b COU	NTY	13c CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
Maryland	Cec	il	Elkto	n	YES NO X	496 French	town R	load	21921	
14 FATHER S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		IA		
Chass			Livel	У	Louise			Try		
160 WAS DECEASED EVE			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	55			
(YES NO OR UNKNOWN)	IF YES GI	VE WAR OR DATES	235 1	0 7738	Mary K. Live	ly,496 Fren	chtown	Rd.Ell	kton, Md.	
No.	711.5	1	1		1	2 '			MATE INTERVAL	
18 CAUSE OF DEA			line tot di d	ana c				BETWEEN	ONSET AND DEATH	
	DUE TO, OR ASYA CONSEQUENCE OF									
Conditions if an	Conditions, if any, which (b) Adenocarcinoma of War E liver wetastases								no	
gove rise to in	gove rise to immediate									
	cause a stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last									
2.27.0.07.150.04	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra									
	JNIFICANT	CONDITIONS CO	JNIKIBUTINE	O DEATH BUT	NOI RELATED TO THE TERM	INAL DISEASE OR CON	JIIION GIVE	EN EN PART I	1	
CERTIFICATION OF THE CATON	ATION	TION COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY	20h JE YES	, WERE FINDIN	IGS LISED	
E HI	77	170 CONTO	111014101 17	117	1		IN CERTIFY	YING CAUSES	OF DEATH?	
E +12/4	+	Ca	neero	1/ho co	lon	YES NO	YES		NO []	
		216 TIME C		DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NAME OF NAME	I IN I'I M B PA	ART)RPART		
OF EITHER NO'IFY ME			M.	19						
OR CONTRIBUTING LIFETHER NOTIFY ME	RRED	21e PLACE		FICE FARM ET	211 LOCATION	ITY OR TO	WN	COUNTY	TAIE	
A' A ORK	VI+ITE		TET THE TON O	THE PARTY CINE	1		1101	1 00		
220 I certify tho	1) this hasp	ital attended th	e deceased fi	∮m	10/8/840		0/10/	19 87	that (1) we last	
sow the deced	sed alive or	1	10/16		nd that in (IIIV) (our) opinion	death occurred on the do	ate and hour	and from the	couses stated	
22b SIGNATURE	Idid I pid no	ot view the body	atter death [DEGREE			22c DATE	SIGNED	
	TH,	Sahl	6	20		MEDICAL STAI		10/1	6/87	
22d PHYSICIAN'S	VAME (TYPE	OR PRINTI	100,	7	22e ADDRESS) DIRECTOR TITISIC		1 . 7 .	7.07	
	14	EARK	AS	MD	Main Ho	a dCat	10.	+ F	Ilton 1	
02 PUDIAL CCC	11)		1)	22 111111	Tours 1907	100110011001	1 con	my p	110 05	
230 BURIAL, CREMATION	, removal		2005		EMETERY OR CREMATORY	23d LOCATION		Cecil	Mà.	
Burial		Oct.19			Manor Mem.Par					
24 FUNERAL DIRECTOR	ks Hom	e for F	unerals	20	Elkton, Mar.	E RECD. BY REGISTRAR	256 REGISTE	RAR'S SIGNAT	ARE DE	
Ha	sh	-6. Z	Link	61/	991	40 1487 74	AND PROOF	All and		



१८०० १००८ वित्र	STATE OF MARYLAND REGISTRAR STATE CERTIFICATE OF DEA CERTIFICATE OF DEA	
	1 DECEASED NAME FIRST MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be oge 3 death	Harriet Martha March	10/9/87 01/5 m
a d d	3 SEX S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) HUNDER LYEAR IF UNDER LY HRS.
4 of o	Female Caucasian August 10,	TEAN.
01,12,25	Pennsylvania U.S.A. WIDOWED DIVOR	(1)((1))
The state of the s	ELKTON 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Hospital	TION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerk Utility Co.
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USUAL RESIDENCE (IF NULLING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 131 INSIDE CITY (
2 7 11 90	Delaware New Castle Newark YES & NC	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 FATHER'S NAME FIRST MIDDLE LAST DISCHARGE FIRST	IDEN NAME
W I INDO	William Irving Wiggins Annie	Jane Lucy Wiggins
# 10 00 70	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
IWO		e March. Jr. 2 Tufts Lane Newarl
DIVISION OF VITAL RECORDS 201 W PRESTON ST ORGANING physicon offending physicon where this certificate has the territory the and mental rivgiene prior to the ordan mental rivgiene prior to the ordan mental rivgiene prior to the ordan mental shows o	Recent Surgary for rectal cares Ev 190 DATE OF OPERATION IN CONDITION FOR WHICH OPERATION WAS PERFORME 210 ACCIONI WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I O
PHYSIC PHYSIC PHYSIC PHIS CE BU CE B	Section residence Cause of Death Setther No. 164 medical examiner P.M. 19 21d Injury Occurred 121e Place of Injury 121e Location 121e Home Street Lactury Office Larm Etc. 121e Location 121e March 122e March	TY WE WAS COUNTY TAIL
At OR ATTEND the hospital of the action of t	220 certify that 1) this hospital attended the decesed from 10/9 1 saw the december and alive on 10/9 19 \$7 and that in (my) our above 1) we did id did not view the body after death. 22b SIGN FURE DEGREE ATTE PHY:	9 8 7 to
O HOSPIT TO FUNER should be	1224 PHYSICIAN'S NAME (TYPE OR PRINT) HENRY Farkos, MP Union	Hospe of Cecil County, Elkton, MD
	230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREM	CITY OR TOWN COUNTY STATE
BP DHMH 16 50M 4/83	Burial 10/13/87 h Arlington Ce	1756 IDATE RELIGIBLY TRANSPORTED TO THE RESIDENCE STORY OF THE PARTY O
(VRA 15, 4)	Frank C Mayer, Jr. 1005 Elkton Rd, DE.	1



100002 001	010	FOR item 5, file		DEPARTMENT OF H	E OF MAR	ID MENTAL H	YGJENE	2 9 5	2 0	
168902 OCT 1		REGISTRAR FIRST	1.0. W	EDICAL EXAMIN	ER'S CER	TIFICATE O	Zo DATE	REG NO	· H AY - AR	76 HOUR
\$888E/>	2	Cha		Edward	Mi	artin	OF DEATH	MATED X	0 11 19 87	M
F00000	1	Male White	DATE OF BIRTI		1 CHTNOM	1 YR. IF UNDER	MIN PRONOUT	NCED .	0 12 1987	2d HOUR
NEW YORK	7 a B	PREIGN COUNTRY	U.S.	A .	MARRIED (NEVER MARRI	ED U	ORE CITY OR COL	DVH+	AAD
18000	E	EIKton	(IF NOT IN SUCH	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS!	OR OTHER IN	pts.		PATION (TYPE OF WO	OR INDUSTRY Ind	SINESS
ANY BAND 3.1 AND 3.1 AND 3.1 AND 3.1 AND 3.1 AND 1.1 A		TATE Md. 136 COU		GIVE RESIDENCE BEFORE ADMISSION		INSIDE CITY LIMITS?	130 STREET COOR	sapeake	Apts.	
DEATH. IF SES 1, 2, A PM 3. A PM 2. SI DF VITAL	14 F	ATHER'S NAME FIRST	rd Mart	LAST	15 /	MOTHER'S MAIDE		AIDDLE	219 LAST	21
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, TH FORM PM 3, PAGES 1 ANQ 2, VISION OF VIPAL		WAS DECEASED EVER IN U.S. AL		166 SOCIAL SECURITY		ean E.	<u>known</u> 1 Martin	7ADDRESS Elkton	Apts.	1001
RDS, 201 W. PRESTON ST. EXECUTED WITHIN 24 HOUNG". IN PENCIL IN LIEW. IS CAL EXAMINER ALONG 'S BURIAL TRANSIT FRMIT 4 AND MENTAL HYGIENE. WATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI IMMEDIA Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	ED BY: ATE CAUSE (a DUE TO, C	ATHEOS C OR AS A CONSEQUENCE O	F	ONOITION GIVEN IN PAR		scare	BETWEEN ON ET	AND DEA H
BIVISION OF VITAL RECORDS, 201 S CRTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROED TO THE CHIEF MEDICAL EXA RE 3 SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND ME OF THE CREWATTON,	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH OPERA	TION WAS PI	ERFORMED?			20 AUTOPSY?	NO ₩
INVISION OF VIT		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A	OF INJURY .M. MONTH DAY YEAR M. 19	21¢ HOW II	NJURY OCCURRE	D JENTER NATURE OF IN	JURY IN TIEM 18 PART O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DIVISIG FILLS CERTI FE, WRITING RWARDED T PAGE 3 SH STATE OFPAGE	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		E OF INJURY (AT HOME ACTORY FARM, ETC.)	21f LOCATION STREET	ON	CITY OR TO	JWN	COUNTY	STATE
MEDICAL EXAMINER: T CUTE THE CERTIFICATE, 55 4 SHOULD BE FORW FUNERAL DIRECTOR: P FER DEATH, WITH THE ST TIMORE, MARYLAND, 2		22a I certify that I taak char	ge of the remains d ural causes X C. Gay	Accident , Sun		Inspection Homicide IIILE (SPECIFY) Deputy RESS Union	Undetermined m MEDICAL EXAM	DA	TE 10/12	121
07 B4 BP	(URIAL, CREMATION, REMOVAL Cremation	236 DATE	230 NAME OF CEN	ETERY OR CRI	EMATORY Services	West (Chester	Chester	ľΡa.
25M DHMH = 17 (VR A15 ME (5))	24 F	UNERAL DIFERENCE U.C. II.	FUNGTSI	Pole Nort	1 Last	UCT 1	60 1987 STR	R 256 REGISTRAR	SSIGNATURE	4

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Je page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPAR		FICATE OF DEATH	REG. NO	
	CEASED NAME Lavina	G. MIDDLE	l.	McCool	October 30	1987 5:00 A
3 SE	x Female	4 RACE White	S. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYFAR IF LINDER LAHR MONTHS DAY HOUR MIN
Wi.	RTHPLACE (STATE OR FOREIGN COUNTRY) Imington, De.	U.S.A.	MARRIE		9 BALTIMORE CITY OR COU	
)	lkton	11. NAME OF HOSPITAL, NURS	Stre		TYPE OF WORK FOR MOST OF WORKING THE CONTROL	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY LEACHET
13o S	Md. 136 COU	OTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE STATE OF T	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C	obe 21921
	ATHER'S NAME Henry	Davis Co		Affice	WIDDLE	Pierson
16a V	MAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN] (IF YES GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 220-22		J. Victor	McCool 252 E	Main St.,
	PART I DE ATH WAS CAUSE	nly one couse per line to (a, (b, te) BY TE CAUSE (a)	2 Mi	youngled.	Infuntin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O
	Conditions, if any, which gove rise to immediate cause to immediate cause to immediate cause to its stating the underlying cause lost	DUE TO, OR AS A CONSECU	JENCE OF	ten tent	Burens Elfo	yen 2 yrs.
NOIL	PART 2 OTHER SIGNIFICANT	I wheter m.	Witi	,	ainal disease or condition	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		YES NO XX IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YESNO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHEY MEDICAL EXAMINE) 21d. INJURY OCCURRED		19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEA	(OUNIY
2	saw the deceased alive on	ned: attended the deceased from	For.	nd that in (my) apinion	, to 00133	hour and from the causes stated
	226 SIGNATURE 226 PHYSICIAN'S NAME	ber	M.	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	DIRECTOR PHYSICIAN	171 DATE SIGNED NOV. 2, 1917
72- 0	J. RALIOH	/THORGUS	10	25.7 5 Man	Is texton	Mo 21921
(BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	11-3-87 Be	ethel	Cemetery	Chesapeake TE REC'D. BY REGISTRAR 255 RE-	City, Cecil,
., ,	NAME SEE	runeral Ho	-\\ -\	N. N.	OV 5 1987 1	Airday Amelia

DHMH = 16 60M 7/B4 (VRA 15, 4)

BP.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

- STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH 2b HOUR DECEASED NAME (TYPE OR PRINT) REDMOND F MC QUADE OCTOBER 23, 1987 5:30P 6 AGE [IN YEARS LAST BIRTHDAY] 4 RACE 5 DATE OF BIRTH 3 SEX MONTH Male White 19 1918 April 69 vrs. 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ireland U.S.A. Cecil County WIDOWED 120 USUAL OCCUPATION O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) **JNDUSTRY** PERRY POINT, MD VA MEDICAL CENTER Mail Clerk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 1819 Newport Gap Pike Delaware New Castle Wilmington 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE FIRST Reynolds Francis McQuade Sarah 120-10 Rockaway Blvd. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Robert McQuade 1942-1943 157 05 6215 Fiockaway New York 11594 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY PNEUMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION EMPHYSEMA, PNEUMOTHORAX 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [] NOV 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 71d INTURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME STREET FACTORY OFFICE FARM ETC } CITY OF TOWN STATE WHILE NOT WHILE AL WORK 220.1 certify that ((Xthis hospital) attended the deceased from SEPTEMBER 30, 19, 87, to OCTOBER 23, 19, 87. sow the deceased alive on ACTARED 22 above stywe) (did) (dylygy View he body alter death _, and that in (eyy) (aur) opinion death occurred on the date and hour and from the couses stated 226 SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS U. SULTAN, M.D. VA MEDICAL CENTER, PERRY POINT, MD. 23g BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN (SPECIFY) Oct. 27, 1987 Cypress Hills Cem. Burial Queens

DHMH 16 50M 1/81 (VRA 15.4)

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MPORTANT

should be

24 FUNERAL DIRECTOR

FOR

O'CONNOR FUNERAL HOME, ROCKAWAY, N.Y.

25a DATE REC'D BY REGISTRAR LICENSES HALL -----

New York Queens

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ASED NAME REGISTRAR REG NO 067741 OCT DATE KNOWN X OF ESTI David Lee Newsome IF UNDER 1 YR IF UNDER 24 HRS 6 AGE (IN YEARS 2c DATE PRONOUNCED 2/ 1087 DEAD MALE. WHITE OCTOBER 5, 1921 65 YRS Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR MARRIED X NEVER MARRIED FOREIGN OUNTRY NORTH CAROLINA WIDOWED -DIVORCED _ Cecil County, O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVE OF WORK 126 KIND OF BUSINESS Perryville Hatem Memorial Bridge (RET) MATERIAL TESTER (APG) FED GOVT ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD HARFORD YES X NO HAVRE de GRACE 133 BLOOMSBURY AVENUE 21078 PAUL NEWSOME LOUISE LILES 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) WW II 214 16 8447 MRS. CORA IRENE NEWSOME. SAME AS #13e Multiple Injuries Complicating Arteriosclerotic Cardiovascular Disease 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 1 ATE, WRITING THE WORD "PENDING" IN PENCIL IN TEACH WRITING THE WORD "PENDING" IN PENCIL IN THE CHEF MEDICAL EXAMINER A GONE PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FEMILY PER STATE DEPARTMENT OF HEALTH AND MENTAL HYGHNE STATE DEPARTMENT OF HEALTH AND MENTAL HYGHNE STATE DEPARTMENT OF REMATION, OR REMOVED. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICAN) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 210 EXTERNAL CAUSE WAS TINE OF INJURY HOUR XX. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR 10/ 2/10 87 CONTRIBUTING CAUSE OF DEATH 7: 33 P.M. driver of auto/auto collision 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET FACTORY FARM, ETC | WHILE AT WORK AT WORK Hatem Memorial Bridge, Perryville, CecilCo.Md TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNKAL DIRECTOR: PAGE AFTER DEATH, WITH, THE STATE BALLFIMORE, MARYLAND, 2120 roadway 220 I certify that I took obtains at the remains described agrees, saile on Inspection and in my opinion Homicide Undetermined monner death resulted from TITLE ISPECIFY: ACTUAL Assistant MEDICAL EXAMINER 10/3/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY CREMATION 40CTOBER87 R. A. FERRIS + COMPANY WEST CHESTER. PA. 07 84 250 DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SI 24 FUNERAL DIRECTOR DHMH 17 MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MD 21078 (VR A15 ME (5))

BP.

DHMH=16 50M 1/81 (VRA 15, 4)

event, the medical exam

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

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4 - 4	9	- Person	/
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14	1	REGISTRAR				REG N	0			
1		CEASED NAME FIRST	MIDDLE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
	TITE		r Pappert	October 18, 1987 9:20P						
	3 SEX	Х	OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNE E	R 24 HRS			
		Male	White	MONTH 8	17 17	70	YR5	DATS	MIN	
4		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	- D MENER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH				
		est Virginia	U.S.A.	WIDOWE	D NEVER MARRIED DIORCED	Cecil C	ounty		MD	
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME		12a USUAL OCCUPAT		IND OF BUSIN	IESS OR	
5	Pe	erry Point	VAMC, Perry Po		arvland	Supply Wo		SIRT		
	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)		13e STREET ADDRESS				
		100.000	cil Port De		YES NO A	220 Fireto	wer Rd.	21904		
	_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME				
		Herman	Pappe	ert	Emma	WIDDLE	Con1	ev		
\exists	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMANT	ADDR				
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		IMMEDIA	TE CAUSE (0) Respi		arrest					
		C. 16								
		Conditions, if any, which gove rise to immediate	(b)							
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		DART O CTUER CICALIES CANTA	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELLATED TO THE YEAR	INIAI DISCASS OR CON	IDITION CIVEN IN BA	OT 1.		
6	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BOT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DINON GIVEN IN I A			
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5	IFIC				YES NO	IN CERTIFYING CA	G CAUSES OF DEATH?			
	ERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21¢ HOW INJURY OCCURE			- (
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH							
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_		AND DIVINE OF MARKET MARKET AND THE PARKET AND THE			PHYSICIAN DIRECTOR PHYSICIAN L					
1		JEAN R. BASTIEN, M.D.			VAMC, Perry Point, Maryland					
		JUNIAN K. DROTTE	м, п.р.		valid, relly	TOTIL, Hal	yranu			
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY		STATE	
		Burial	10/20/87	Crownsv	ille Cemetery	Crownsvil	le, Arunde		1d.	
		UNERAL DIRECTOR	mill D. Com	ST.	250 DAT	E REC'D. BY REGISTRAL	256 REGISTRAR'S SI	GNATURE		
	Ta	arring Funeral	Home, Aberdeen	, MD, 21	001-3399	3 1981 Pm	Laurdon-19		7	

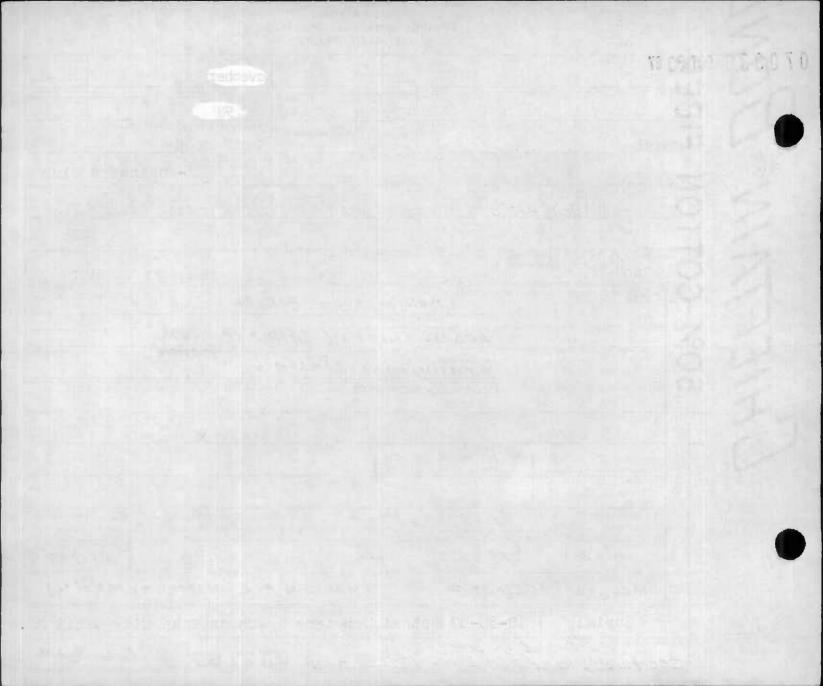
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	FOR	
	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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8	Ma	ryland	U.S.A.	WIDOWE		Cecil Cour	nty	MD
19:10	10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		ND OF BUSINESS OR
1344		ing Sun	Calvert Manor Nu	rsing	Home	Secretary	-Enginee	rs Club
1/2004	13ª	AL RESIDENCE (IF NURSING HOME OR STATE		ADM STION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ŽIP CODE	44996
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1 11/40		liam	Barwick		Jane			sher
1 18 30		VAS DECEASED EVER IN U.S. AR VES NO OR JAN NOWN! IF YES S	MED FORCES? 166 SOCIAL SECUI	RITYNO	17 INFORMANT	ADDRE	SS	
1 15 17		no	165-07-06	66	Elizabeth Wi	llis 488 D	eaver Rd.	Elkton, MD
1 1117		18 CAUSE OF DEATH Enter on PART I DEATH WAS CAUSE	ly one couse per line for a b and	2.	1 00	2 - 21	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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5 0800	18	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	206 IF YES, WERE FIR	
he lo	RTIFIC					YES NO	IN CERTIFYING CAL	ISES OF DEATH?
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IREC hed hed ept tem		226 SIGNATURE	wew the body after death	-	DEGREE		22t D	ATE SIGNED
the part of the part of the Difference of the Di		mamh	W A	>	10 ATTENDING	MEDICAL STAF	10	126/87
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should with the standard with	23o E	BURIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		
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(11//	24 Ft	UNERAL DIRECTOR CELLUZ				E REC D BY REGISTRAR	9	
DHMH - 16 60M 7 B4 ^c (VRA 15, 4)	6	CE FUNDIAL HOL	me 259 E MAIN	1.5+	FUELLAND OF	CT 2 9 1987	Auto Dina	m. sadall



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and completely filled in by the funeral director, page 3 ages, I and 2 should be filled within 72 hours after death

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APDRIANT IF NEW 21 IS M

PO FUNERAL DIRECTOR

DHMH 16 50M 1/81 (VRA 15, 4) FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	87	REGISTRAR			CERTIF	ICATE OF D	EAIN	REG. NO	С			
7		CEASED NAME FIRST	,	WIDDLE	L	AST		2a DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR
		RAYMOND		Dean PENDRY			OCTOBER 1					12:25Am
-1	3 SE	X	4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	I YEAR	H UNDER 24 HRS
	Male White				July	28,	1936	51	YRS			
1	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER A	ARRIED -	9 BALTIMORE CITY O	R COUNT	Y OF DEA	ATH	
4		st Virginia	U.S.A		WIDOWE	D DN	ORCED _	Cecil				MD.
1	PI	ERRY POINT, MD	VA MEI	HOSPITAL, NURSIN H FACILITY, GIVE STREET, DICAL CEN	TER	DR OTHER INST	ITUTION	Usual occupation was to Carpenter	F WORKING L	IFE) INDL	JSTRY TIT	ed.
0	De De	AL RESIDENCE (IF NURSING HOME OR LAWATE KEN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR JOW Wy Omin	N	13d INSIDE C	TY LIMITS?	Rte. T Bo	x 3	19J	79	1999
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2	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO				RITY NO.	17 INFORMANT ADDRESS De						
5	Ye	Kor	ean	234-56-1	705	Sharon Pendry Rte. 1 Box 319J Wyoming						
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RUPTURED ESOPHAGEAL VARICES DUE TO, OR AS A CONSEQUENCE OF										
	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
2	CAL CERTIFICATION	190 DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED			RMED	YES NAX	IN CERT	ES, WERE IFYING C.	FINDIN	OF DEATH?	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21¢ HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART OR P	PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE F	ARM ETC)	21f LOCATIO STREET	N	CITY OR TO	WN	cou	YIM	STATE
		22a L certify that (I) (this hospi sow the deceased alive an above, 30 (we) (did) (100.00)	tol) attended th OCTOBI	e deceased from _ IR 1 198 ofter death.	-	EMBER 2	-, '/	to OCTOBER		19 <u>8</u> our and fro		that XII (we) last causes stated
1		226 SIGNATURE	Don.	2)			TTENDING PHYSICIAN []	MEDICAL STAI	FF HANXX	220	DATE	SIGNED
		JEAN R. BASTIEN, M.D.				VA MEDICAL CENTER, PERRY POINT, MD						
		BURIAL, CREMATION, REMOVAL (SPECIFY) BUSTAL	Oct. 4	1 1987 M	LAME OF C	EMETERY OR C	Eneters.	23d LOCATION SANDTAGE	W	Ke	it	Del.
	1	CE FUNCIAL HOL	10 259	E MAINS	st. El	Ktown	25a DATE	REC'D. BY REGISTRAR		STRAR'S S		

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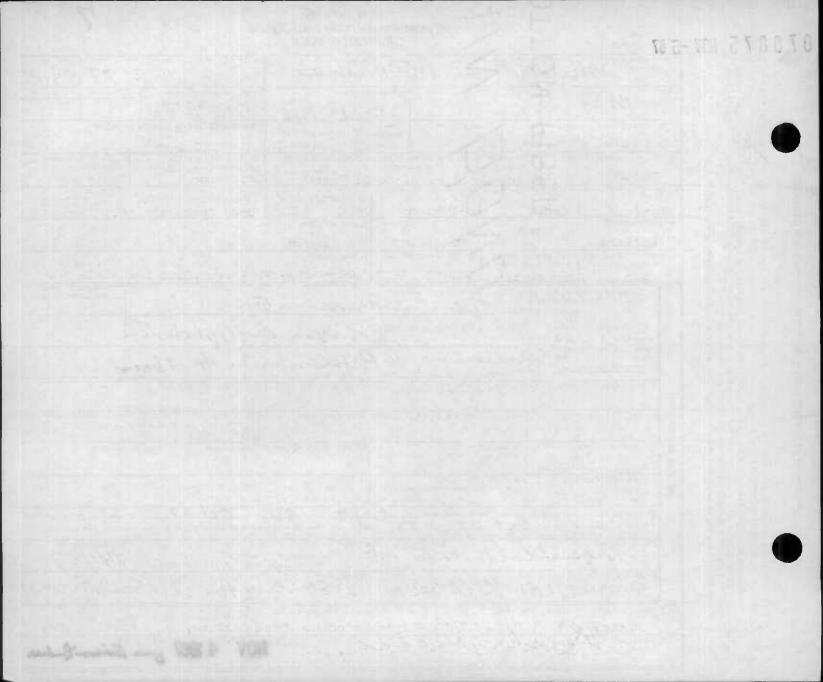
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NIGHENE CERTIFICATE OF DEATH

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5 8	REGISTRAR						REG. I			
1. DEC	CEASED NAME	FIRST W		MIDDLE	Philh		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	100	LLIA	-11	PIT	147	OUUER_		10	31 87	4.37
3 SEX	× m		4 RACE		5 DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER LYEAR	IF UNDER ;
	17/		White		9	15 1916	7/77	1) YRS		1.00%
	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D 🛛 NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	elaware		U.S	.A.	WIDOWE		Cecil Co	untv		
10 CT	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		OF BUSINES
	Elkton					il couRed)	Beaterman	OF WORKING (Paper	Mfq
	AL RESIDENCE (IF NURS	1136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID COD		
	aryland	Ceci	_	Elkto		YES NO X	2106 Bark			2192
	ATHER'S NAME					15 MOTHER'S MAIDEN NA	WE	Suare	Mu , FLL	A COIL
	Willard	٨	MIDDLE	Philhoy	wer	Maggie	WIDDIE		Buck	ham
	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADD	RESS 1-4	n, Md.	
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	Yes /	drmy W				Decty bane	FILLIIOWEL, 2	100 B		MATE INTERY
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DHMH 16 60M 7/B4 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

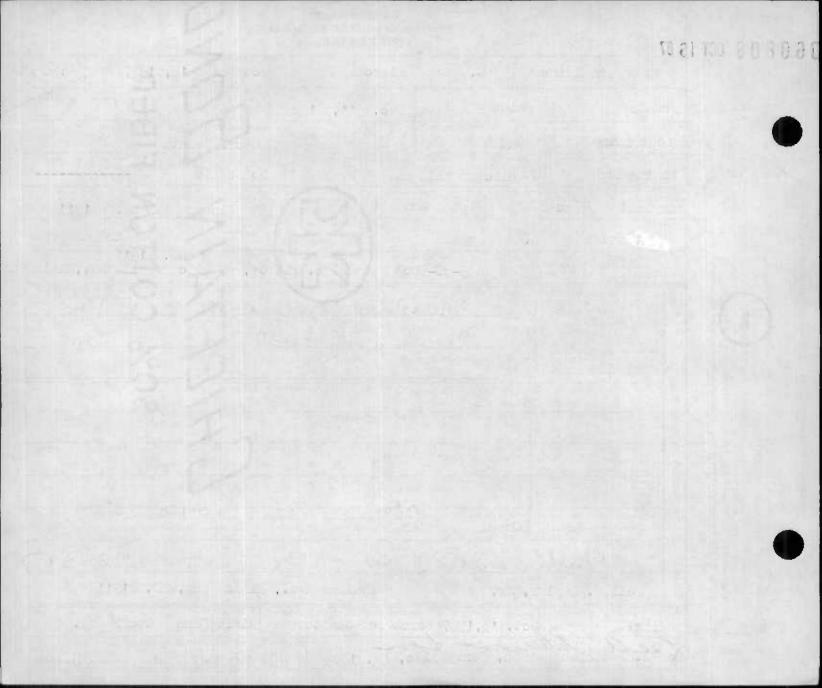
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3 SE Fe	x emale	4 RACE White		5 DATE O	H DAY YEAR -	6 AGE IN YEARS LAND BIR	TH(DAY)	IF NOTE YEAR	HONGES OR	
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22- 1	Neil R. Ta	aylor, Jr.	T22. N	JAME OF	Haines Ave.,	Rising Sun	, Md.	21911		
B	BURIAL CREMATION REMO	Oct. 1	_		ew Cemetery	Rising Su			Id.	
X	e A. Patters	on & Son	Perryvil	la M		T 4 5 4007			D	

DHMH 16 60M 7 B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the bundi-transit permit. Then please the with the State Dept of Health and Mental Physiene prior to buriol, cr. mIMPORTANT. If them 21 is marked or them. It shows any injury, or other

TO HOSPITAL OF ATTENDING PHYSICIAN The retained by the hospital or attending physician

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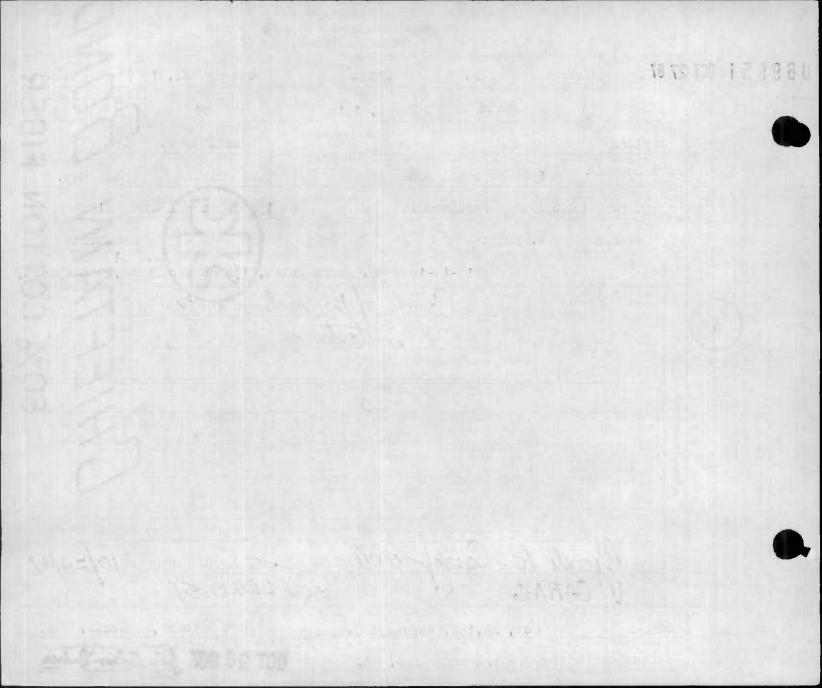
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		0117		ICATE OF DEATH	REG N			
1 DECEASED NAME	George	N .	Po	ist	October 2	2, 198		4:40 A
3 SEX Male	4 RACE WI	nite	S DATE O), 1916	6 AGE LINYEARS LAST BIR	THDAY) -	F NOER FEAR	F N(FR HR
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OR CONTRIBUTING	CAUSE OF DEATH HOLE EDICAL EXAMINER JRRED 21e P	IME OF INJURY JR. A.M. MONTH P.M. LACE OF INJURY ME TREET FACTORY OFF	19	714 LOCATION	RED (ENTER WATER FOR FOR		R' R РДЫ ,	'AH
220 I certify that	(l) (this hospital) attendased alive on did, did not view the		9) or	nd that in imyl lour opinian	to death occurred an the do	ate and hour		
22d PHYSICIAN'S	CARAG	. Conay	In	72e ADDRESS	DIRECTOR PHYSIC	IAN	10/3	22/87
230 BURIAL CREMATIO Burial				emetery or crematory 1 Cemetery	Port Depo		Cecil,	
Patterson	Funeral Ho	me, Perry	ville,		CT 26 1987	2	AR S SIGNATUR	

DHMH 16 60M 7 B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR After this cert-figure should be detached for use as the buriof-try milt with the State Dept of Health and Mental Hydrith



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the etoined by the hospital or attending physician.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	SEX	Pemale	4	RACE	nite		5 DATE O		6 AGE	(IN YEARS LAST BIRTI	HDAY)	IF UNDER I YEAR	IF UNDER . 41
14	C	THPLACE IS ATE OR FOREIG DUNTRY) LIM. De.	v 76	CITIZEN OF V	S.A.		MARRIE!	_		MORE CITY OF	ecil	Y OF DEATH	
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	USUA 13a S	L RESIDENCE (IF NURSING HOTATE 13b)	COUNT		130 CITY OR	BEFORE A TOWN LK t	on	13d. Inside City Limits?	13e STRE	et address /	zie con glas	S Stree	1921 et
10		THER'S NAME Ames Edwar	d Ÿ	oder,	Jr.	it.		15 MOTHER'S MAIDEN N		WIDDIE			
1 ledico		AS DECEASED EVER IN U. SS NO OR UNKNOWN) (IF)		ED FORCES?	217-			Wm. Thomas	as Pu				
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IMPORTA	22 0	Henry	, 7	Farka	s, M	0	A445 O5 O	Union Hosp	of Ce	cil Cou	enty,	Elkton,	~>
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN The law retained by the hospital or attending physician

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DHMH 16 60M 7 B4 (VRA 15, 4)

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_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

	-	REGISTRAR				CERTII	FICATE OF DEATH	REC	NO		
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a owice		entucky	R+OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	M
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r must be	Ma Ma	ryland	Cecil	HER IN THE TION	130 CITY OR TOWN CONOWING		13d INSIDE CITY LIMITS?	13e STREET ADDRE 2070 Libe	ss / zip cod rty Gr	ove Rd.	21918
examin		THER'S NAME Paris		DDIE	Ramey, S		Rissie	MIDDI		Justic	
/medito		AS DECEASED EVEL	R IN U.S. ARME		404-32-09		Veronica Wi		Box 73,	Conowi	
ry. or oth		Conditions, if any gove rise to imcause a state underlying cause	y, which nmediate ing the se last	DUE TO, C	ACCUD	NCE OF	n pulmond Bronduts.	Eughs		IVEN IN PART 1	0
aws any inju	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FINDS	
Item 18 sh	MEDICAL CER	210 ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH		DF INJURY M MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCU	RRED LENTER YA RE DE	~ k l∾ … 8	PAR' RPAR	
arked or	MED	21d INJURY OCCUP			OF INJURY REEL FACTORY OFFICE FA	RM ETC	211 LOCATION	T dv c	RTOWN	C 05.74 Y	MATE
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TANT		226 PHYSICIAN'S N	VAME TYPE OF PI	RINTI		LID	22e ADDRESS	MEDICAL DIRECTOR PHY			-10-87
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M 7/B4	Z	- FRIED (- !	111	& Son	Perryvil	le,	27	T 4 5 4987	AK ZOB REGIS	THAK S SIGNA	Ladae

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 68731 OCT 15 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN X DECEASED NAME OF DEATH MATED ROBERT E. 10 19 87 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 24 HRS 7d HOUR 2c DATE DEAD 19 87 Cau. TO CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN C Delaware USA Cecil County B CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS (IF NOT IN S. CHEACILITY GIVE STREET ADDRESS) Fair Hill Student Rt. 213 & 273 OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION R36 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Delaware hent Dover YES 329 David Hall Road E. Richardson Carroll Wanda horgan Clark 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 329 David Hall Road (YE NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 221-48-5506 Wanda H. Clark Dover, Delaware 18 CAUSE OF DEATH Enter only one cause per line for (a b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a Head injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 USED AS OF HEAL JRIAL, CR 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING THE WORD " WARDED TO THE CHIEF PAGE 3 SHOULD BE USE TATE DEPARTMENT OF 121201 PRIOR TO BURIAL YES X NO [] 21a EXTERNAL CAUSE WAS TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING □ CAUSE OF DEATH 1:5½XX 10−9− 19 87 Driver of auto/fixed object impact. 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME 21f LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR: PAGE 3.5 AFTER, DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR STREET FACTORY FARM ETC 1 CITY OR TOWN COUNTY WHILE WHILE AT WORK AT WORK MD road 213 & 273, Fair Hill Cecil 220 I certify that I took charge of the remains described above, held a Airtimov Inspection death resulted from Natural couses Undetermined monner TILLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10-10-87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. 111 Penn St., Balto., MD TYPE OR PRINT ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Hollywood Harrington 24 FUNERAL DIRECTOR DHMH 17

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detacked for use as the burial-transit permit. Then please remove carbon poperst with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN The low etenned by the haspital or attending physician

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DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

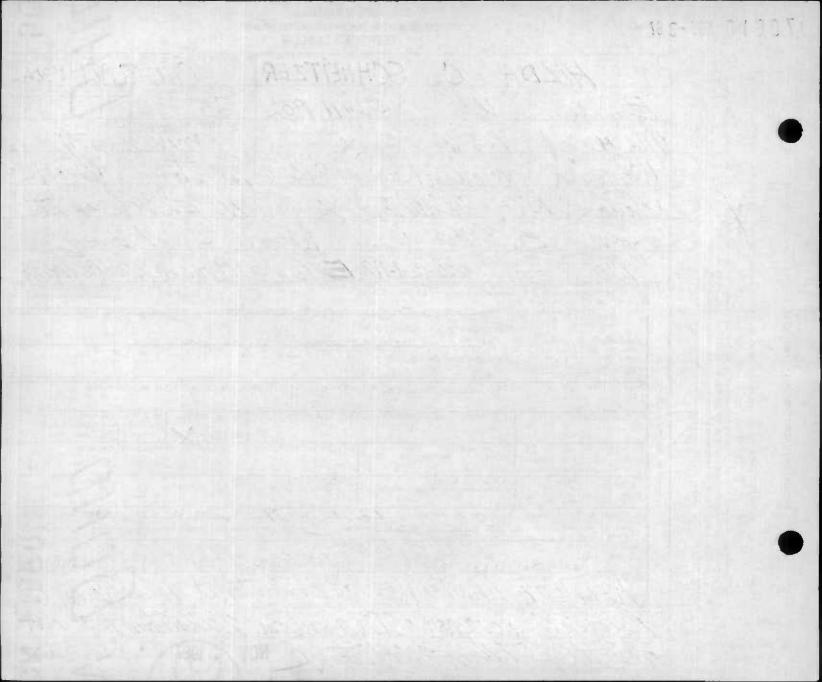
FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20							REG. NO			
	EASED NAME	FIRST	,	MIDDLE	LAST	T	20 DATE OF DEATH		DAY YEAR	2h HOUR
(ITPE	E OR PRINT)	JAMES		A .	RIG	GS	October 6	, 1987	7	11:33
3 SE	X	4.1	RACE		5 DATE OF		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
	Male		White	9	Aug.	9 1920	67	YRS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OF F	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAAPDIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland		U.S.	. A .	WIDOWED		Cecil Cou	inty		M
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USU/	AL RESIDENCE (IF NURS	ING HOME OR OTH		GIVE RESIDENCE BEFORE		3d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	aryland	Ceci		Elkton		YES NO K	656 Applet	on Roa	aĞ	21921
14 F.A	ATHER'S NAME			LAST	15	MOTHER'S MAIDEN NA	ME	.011 1100		
	James	MIDI	DIE	Rigg	s	Mary	Alic	6	LA	Reed
	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU		7 INFORMANT	ADDRE			riccu
()	YES NO OR UNKNOWN)	(IF YES, GIVE W		215-09-	8864 H	elen Bostic,	21 McClear	v Rd.	Elktor	n. Md.
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only o	ne course per	line for (a) (b) and						MATE INTERVAL ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE REG. NO DECEASED NAME OF ESTI (TYPE OR PRINT) DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IE UNDER 24 HRS PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED 10 CITY OR TOWN OF DEATH TI NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK BUSINESS OR INDUSTRY Navy USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION G RESIDENCE BEFORE ADMISSIONS 13c CITY OF TOXY ton had inside city limits? | 130 STRED ADDRESSET 130 STATE 1136 COUNTY Ci Md. NO TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Andrew motward. 1ARush MIDDLE Regina Hayden GIVE PAGE 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Elkton. Md. DIVISION (IF YES, GIVE WAR OR DATES) 232-36-8380 Korean 40 Paper Mill Rd. Patsv ann Rush IR CAUSE OF DEATH (Enter only one cause per line pr (o pib), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) DUE TO OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN IT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AUTOFUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FAMELY WITH THE STATE DEARTMENT OF HEALTH AND MENTAL HY SHOULD BE USED FOR THE STATE DEARTMENT OF HEALTH AND MENTAL HY SHOULD BE USED. Conditions, if any, which gove rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO IXIX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERTYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET FACTORY FARM ETC) WHILE AT WORK AT WORK CITY OR TOWN COLINEY Inspection X 220 I certify that I took charge of the remains described above, held an death resulted from: Natural causes Accident Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE Conception 07 84 BP 25M DHMH 17 (VR A15 ME (5))

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DĤMH-{16.60M.} 73 (VR.A.15.4.)

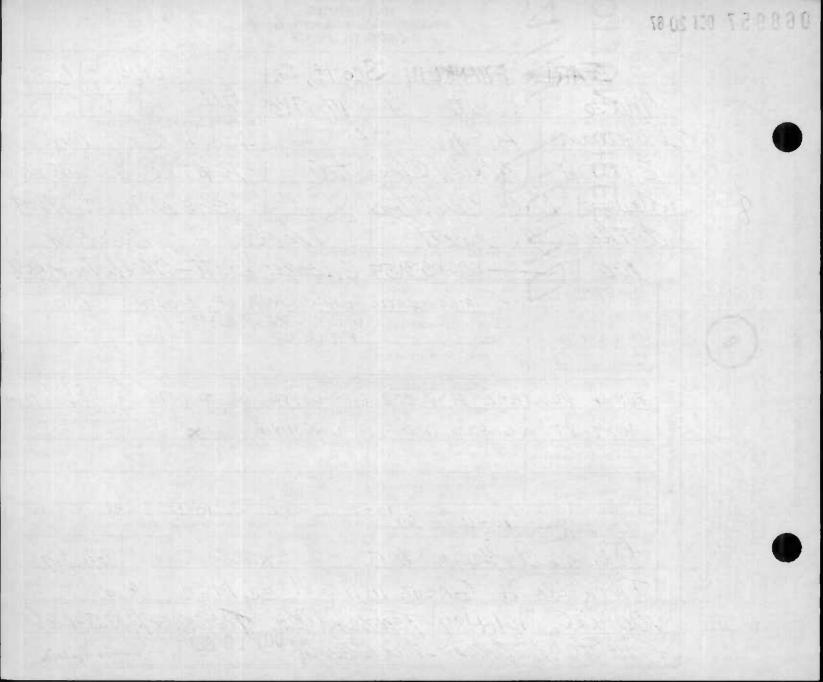


DHMH - 16 60M 7 /84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

		REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST Zo. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
		EARL	FRANKLIN SCOTT, SR 10/12,	187 655 A
1	3 SEX	Male	4 RACE S. DATE OF BIRTH ADMINISTRATE OF BIRTH AND A AGE (IN YEARS LAST BIRTHDAY) IF UNIVERSAL AST BIRTHDAY) WILLIAM WI	DER LAFER IN HOOKY WIN
#6	70 BI	RIHRLACE) (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF D	EATH
2	10 CI	ITY OR TOWN OF DEATH	WIDOWED DIVORCED 12 USUAL O CUPATION 17 17 17 17 18 19 19 19 19 19 19 19	b KIND OF BUSINESS OR
100	11511	EIRTON	MAION LEGILLE TEXTER 9	Mirudosco
Part Ca	le	Lawre 7	V.C. Middle Aux YES NO 1 308 N. Clas	1st-19709
	FA FA	Critice /	MIDDE SCALL IS MOTHER'S MAIDENNAME 7 MIDDLE	recess
medico		VAS DECEASED EVER IN U.S. AR YES NO ODJINKHOWN) (IF YES, GIV	WHED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT APPRESS WE WAR OR DATES! 222-03-3655 E. LOZILISE SCOTT MILITER	Chounder
vent, th		PART I. DEATH WAS CAUSE	inly one cause per line lorial, (b), and ic. ED BY: ATE CAUSE (a) METASTATIC CARCINOMA OF MOUTH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o tice		IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF WITH RESPIRATORY	
hoer		Conditions, if any, which gave rise to immediate	(b) FAILURE	
1		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
ınjury, o	CATION	7	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN DISTATIC HYPERTROPHY WITH OBSTRUCTION +	URINE INFECTION
ws ony	FICA	10-9-87	OCCUPATION IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
8 8	CERTIFI	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART IS	NO DE PART.
tem		OR CONTRIBUTING CAUSE OF DE.		
kedorl	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET CITY OR TOWN	OUNTY STATE
E SI		22a I certify that (1) (this hosp	n 10 - 7 , 19 87 , to 10 - 12 19 80 , and that in (my) tour) opinion death accurred on the date and haur and	, that (II (we) last
E 21		saw the deceased alive on abave, (I) (we) (did) (did no 22b SIGNATURE	of rylew the body after death.	Tram the causes stated 22c DATE SIGNED
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		Patricia	1. There MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10/12/87
MPORTAN		PATRICIAN'S NAME CTYPE OF	" Il Caste ND (1 to M	1
	23a E	BURIAN CREMATION REMOVAL	10/14/87 TOWNSONS COM. TOWNSONS IN THE PROPERTY OF THE PRO	y.c-Del
7/84	24 FU	UNERAL DIRECTOR	Hatthing Middleton 230 DO RECD BRAGOTOR 256 REGISTRAR'S	SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DATE KNOWN X TYPE OF PRINT OF DEATH MATED mon NMI IF UNDER 24 HRS 4 RACE AST BIRTHDAY PRONOUNCED JULY 28, 1924 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED X DIVORCED INDIANA II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION THE OF WORK CITY OR TOWN OF DEATH (RET) EXPLDSIVES DPER. APG - FED GOVT 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 21078 458 BOURBON STREET HARFORD HAVRE de GRACE YES X MD 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST GRIFFITH BERNICE RAYMOND SCUDDER, SR. 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LLOYD SCUDDER, 1607 33rd ST., RDCK ISLAND, ILL 61201 YES WW II 315 12 5528 CAUSE OF DEATH (Enter only one couse per line far (o), (b), opd (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF JSED AS A BURIAL-OF HEALTH AND MEI lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 THIS CERTIFICATE WORD "PEN-FEWARDED TO THE CHIEF ME FAGE 3 SHOULD BE USED AT FAGE 3 SHOULD BE USED AT ESTATE DEPARTMENT OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION STATE STREET FACTORY, FARM, ETC) STREET CITY OF TOWN WHILE NOT WHILE AT WORK PAGE 4 SHC IID BE FORW
TO FUNERAL DIRECTOR PY
AFTER DEATH
BALTIMORE, Inspection X ond in my opinion 22a I certify that I took charge of the remains described above, held on Autopsy Hamicide Undetermined manner Notural couses death resulted from TALLE (SPECIFY ACTUAL SKINATURE EXAMINER'S NAME TYPE OR PRINT 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE HAVRE de GRACE, HARFDRD CO., BURIAL 7DCTOBER87 ANGEL HILL CEMETERY 07 84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR DHMH = 17 (VR A15 ME (5)) MITCHELL-SMITH FUNERAL HDME PA, HAVRE de GRACE, MD 21D78

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG NO	
2908 ASED NAME EIRST	EVERET!	Si	2, + h	20 DATE OF DEATH MONE	0 / 10 / 97 748
3 SEX Male	4 RACE Cauc.	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF INDER HEAR IF UNDER 4 PR. MIN. PART DATE HIGHER MIN.
70 BIRTHPLACE (SATEORFOREIGN COUNTRY) Cecilton, MD	76 CITIZEN OF WHAT COUNTI USA	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
EKTON	17. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Union Hospi	tal o		(Type of work for most of work Laundryma)	
Usual RESIDENCE (IF NURSING HOME OR 130, STATE 1336 COUN Maryland Cec	NTY 13c. CITY OR T		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP 134 E. Maii	cope n St. 219/3
James	Smith		15. MOTHER'S MAIDEN NA. Rebecca	MIDDLE	NcGiïl
160 WAS DECEASED EVER IN U.S. AR. (YES. NO OR UNKNOWN) (18 YES GIV)	E WAR OR DATES!	ECURITY NO. L2-438	17 INFORMANT B Rebecca S	ADDRESS mith daugh	
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE			hopaeumonic	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gove rise to immediate cause was stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	OUENCE OF	NOT RELATED TO THE TERM	NIMAL DISEASE OR CONDITION	ON GIVEN IN PART 1 o
No Date OF OPERATION	196 CONDITION FOR WH			200 AUTOPSY? 206	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
8 210 ACCIDENT WAS UNDERLYING	HOUR A.M MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART - DR PART /
OR CONTRIBUTING CAUSE OF DEA IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOTIWHITE AT WORK AT WORK	21e PLACE OF INJURY	ICE FARM ETC.)	ZII ŁOCATION STREET	(ITY OR TOWN	OUNTY - LATE
22a I certify that (I) (this hospi	tol) ottended the deceased fro	C' in	nd that in (my) (our) opinion	to	nd hour and from the causes stated
226 SIGNATURE	& w	m.	DEGREE ATTENDING PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 10 /20/87
Edgar 7	OIK h	7.0	22e ADDRESS E/K TO	n md	
230 BURIAL CREMATION, REMOVAL BURIAL	/ /-		emetery or crematory	23d LOCATION CITY OF TOWN CECILton	, Cecil, MD

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DHMH 16 60M 7/84 (VRA 15, 4)

Fellows Funeral

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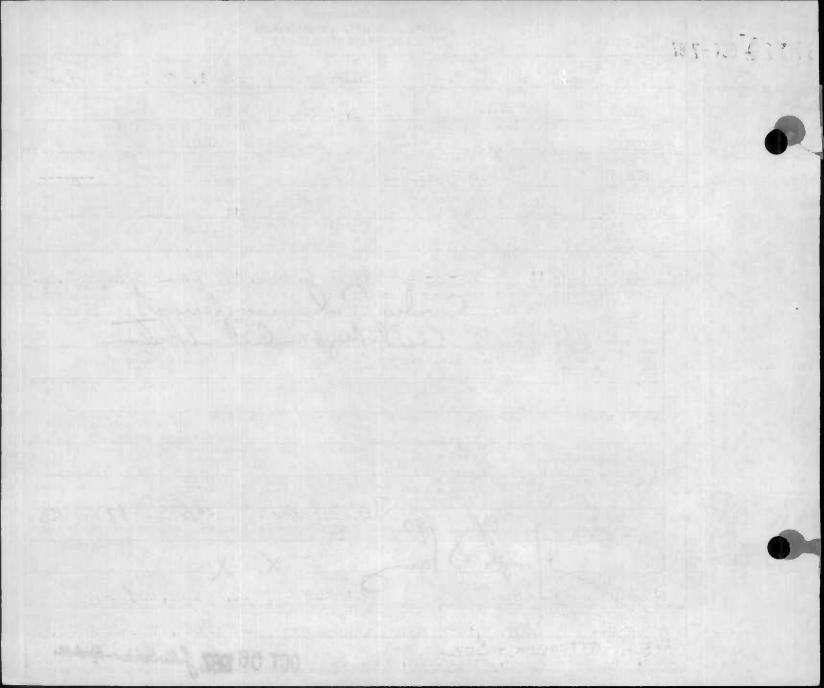
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STATE OF MARYLAND

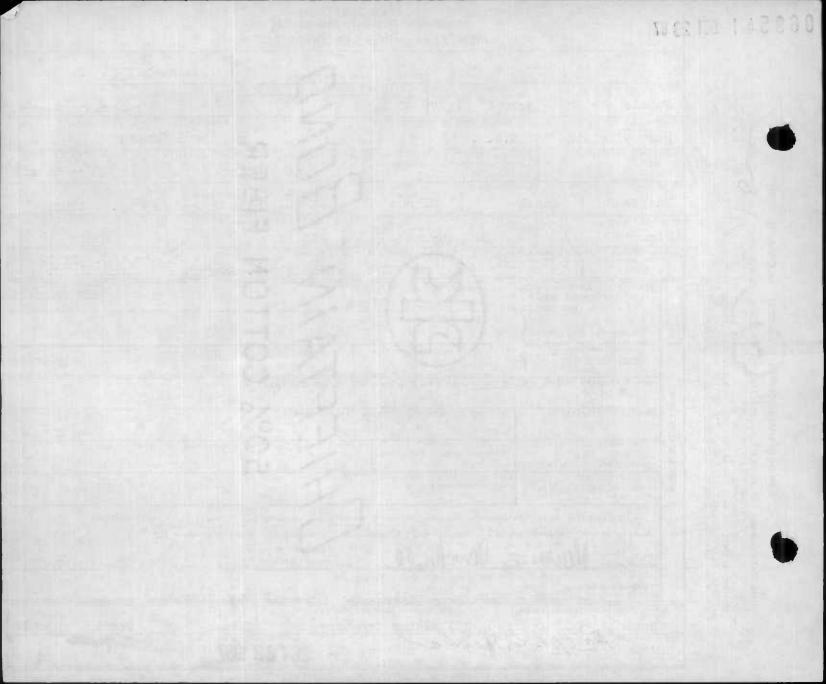
DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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	Page 1	_	ARYLAND IY OR TOWN OF DI	ATH		S.A.	WIDOWI	DR OTHER INSTITUTION		AL OCCUPATION		126 KIND OF	MD. BUSINESS OR
=	ofter y the dailine	10 C1	ELKTON	AIN	(IF NOT IN	UNION HOS	PITAL	or other restrictions	TYPE OF W	BARBER	WORKING LIFE	NDUSTRY	
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N N	tille outd	1	MARYLAND		CIL	ELKTON		YES X NO	41	1 NORT	H BRIDG	E STRI	CET /
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3	by the assertion of the assertion of the creeking of the creek		underlying cau		00000	OR AS A CONSEC	DEINCE OF						
15, 201	signed sen ple o buno lury, ar	z	PART 2 OTHER SIG	GNIFICANT	CONDITIONS	CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TER	rminal dise	ASE OR CONE	OITION GIVEN	IN PART 1 or	
VITAL RECORDS,	mit II	CERTIFICATION	19a DATE OF OPER	ATION	19b CON	NDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a A	JTOPSY?	206 IF YES, W		
AL RE	he ha ha ha aws	TIFIC							YES		YES [NO []
VII	hysica transi- transi- il Hyga 18 sh	1	OR CONTRIBUTING			OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTE	V NATURE OF INJUR	FIN ITEM IS FART	RPART.	
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-	TTEN Pitol TOR far u of His		sow the dece	osad alive or	n A liew the bo	dystitue death.	87	nd that proportion opinio	on death accu	irred on the do	ite and hour an	id from the d	auses stated
	e has oched Dept f Item		226 SIGNATURE			VXI	1.	DEGREE. ATTENDING	MEDIC	ALL STAF	F	22c DATE	SIGNED
	by the by the best operation of State		no i Dilly Ciclo N. C.	1	1 assept	3 1	an	PHYSICIAN ADDRESS	DIRECT	OR PHYSIC		<u></u>	
	HOSPITAL ouned by th SEUNERAL ould be dete the the Store (PORTANT 1)		JOSEME	T. 20-935	M.D		(21 BRIDGE	STREET	יי דיד.עייי	ON MARV	FT.AND	
	Shour Shour	23n I	BURIAL CREMATION	V REMOVAL	OCCUPATION AND ADDRESS.		NAME OF	CEMETERY OR CREMATOR		CATION	on , naily	THAT .	
	BP	1	BURT AT	-, REMOVAI	OCT.	3.1987		ITLL CEMETERY	TTAC	CITY OR TOWN	N.WASHI	NGYON	CO.MD.
	DHMH 16 60M 7/84	24	THE BAL DIRECTOR	TEN	DEM &	- SOW ADDRESS					256 REGISTRAF		2.02
	(VRA 15, 4)	LE	E A, PATT	ERSON	& SON,	PERRYVI	LLE, M	ARYLAND.	T 06	1087.	constituted	Mary Same	-



STATE OF MARYLAND 069541 OCT 23.87 PATE DEPARTMENT OF HEALTH AND MENTALHYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI E FUNERAL DIRECTOR E 5 FOR YOUR FILES ED, WITHIN 72 HOURS I W PRESTON STREET DEATH MATED PHYLLIS DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY PRONOUNCED Female White July 10 1947 40 DEAD 10-16-879 6:13P M Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (TATE OR MARRIED NEVER MARRIED Cecil County West Virginia U.S.A. WIDOWED [DIVORCED X 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS Clerk Video Retail Elkton Union Hospita 21201 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Cecil Elkton Maryland 335 Friendship Rd. 21921 14 FATHER'S NAME Middie Lonnie Wyant Rakes B CIVE PAGES W TH ORM I T. PAGES 1 AN DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Elkton, Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Kimberly A. Snyder, 1387 BlueBall Rd. No 213 44 7874 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICALE. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL RER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 71g EXTERNAL CAUSE WAS TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 22a I certify that I taak charge of the remains described above, held an Inspection death resulted fram Natural causes Undetermined manner TITLE (SPECIFY DATE SIGNED 10-17-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT Margarita A. Korell M. D. ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 20,1987 Elkton Cemetery Burial Elkton Cecil Md. 07 84 24 FUNERAL DIRE THE DATE HELD BY HEGISTRAN 256 REGISTRAR'S SIGNALIZED Elkton, Md. VR A15 ME (5))



068141

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0 1 7 1 000	CPR	EASED NAME THE	MIE III E		LAS1	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
2 25		/-Allen	(Jr.)	ST	ECHER	October 3,	1987	9:40a. m
7 12	1.52)		4 RACE		OF BIRTH	6 AGE LIN YEARS LAST BIR HOAY	IF . FR ! FAR	FINEER LINE
1 25	2	Male	White	Feb	. 20. 1905	82	A. V	HO R' MIN
11 11	74. 81	CHPLACE THAT DESCRIPTION	76 CITIZEN OF WHAT COUNTRY?		DE NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
015 15	Pe	nnsylvania	U.S.A.	WIDOW	ED DIVORCED	Cecil	County,	MD
101190	and some	sing Sun	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET A Calvert Manor Nu	(DDRESS)		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Salesman	126 KIND C INDUSTRY	rinting
1172	He S	RESIDENCE IV HAVE TONION TATE PRO COUN	INSTITUTION OF VERES DENCE BEFORE	ADMISSION)	138 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI 2 Glenloch Dr	/ X)GGG
1 10 200	HYA	THERENAME	LA* i		15 MOTHER'S MAIDEN NA	ME MI DIE	lat	7
1 124	1	Allen	E. Stecher		Mary	The state of the s	Love	
1 10 30		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUI	RITY NO	17 INFORMANT	ADDRESS Hil		denberg,PA
1 13	7.6.4	KNOWN NO	196-01-4]	.21	Mrs. Beverly	Tully, 2 Glenlo	ck'Drive	e, Heather
A STATE OF THE STA		18 CAUSE OF DEATH Enter onl PART I DEATH WAS CAUSED IMMEDIATE	y one cause per line for o (b) onco D BY CAPOID IM F CAUSE of	estil	MORY APPE	17	BETWEEN	ONSET AND DEATH
that the death d by the attends toget remarks of at committee or		Conditions, il any, which gove rise to immediate cause o stating the underlying cause last	DUE TO OR AS A CONSEQUE	Co s	O HEART I	OCILESE		
	NOI	PART 2 OTHER SIGNIFICANT COLO HUE	ONDITIONS CONTRIBUTING TO DEBILITAN	1	NOT RELATED TO THE TERM	inal disease or condition G	IVEN IN PART	
1.1117	TIFICAT	My DATE OF OPERATION	ONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	INCERT	ES, WERE FINDIN TIFYING CAUSES YES []	
Constitution of the state of th	CAL CER	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	21¢ HOW INJURY OCCURE	SED ENTERNATIRE OF SHOW RESTAUR	PAR' DRPAR'.	
1211/	MEDIC	HA NOUNY OCCURNED	21e PLACE OF INJURY	ARM E	211 LOCATION	· R WN	FUTY	ATE
91 311 1		22a certify that ((this hospital	ol ottended the deceased from _			to	. 19	that I twe last
#1 831 E		saw the deceased alive on above illiweiddididid nat	view the body after death	0	nd that in (my (aur opinion)	death accurred on the date and ho	our and from the	couses stated
AL DIRECTOR NO.		276 SIGNATURE / Lu	no ro		DEGREE ATTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE	SIGNED 3/87
PORTAN		70188 F. KU			220 ADDRESS BOY 189 WE	IT GRIVE DA	14390	>
0000		URIAL, CREMATION, REMOVAL	23b DATE 23c N	IAME OF	EMETERY OR CREMATORY	23d LOCATION	A FEW AND	
BP 99		Burial	10/7/87 Fo	rest	Hill Cemet	ery Dunmore	Lackaw	anna Pa
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTORT. Foard Fu	neral Home		25a DAT	E REC D BY REGISTRAR 256 REGIS		TILRE

equires that the death certificate

ATTENDING PHYSICIAN The low ospital or attending physician

etoined by the haspital

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	REGISTRAR		CERTI	FICATE OF DEATH	REG NO	
O DE	LEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TIMPE	E OR PRINT)	nthur	RAUS	stout	16/	4187 9:00 4
3 SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER FEAR IF SINDER A HRS
	Male		ite No		55 YRS	MO H DAY HOUR MIN
1	IRTHPLACE (STATE OR FOR		WHAT COUNTRY?	IFD NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
D	ante, Vir	0	S.A. WIDOV	VED DIVORCED	Lec'il	MD
10 CI	EIR TOY	(IF NOT IN SUC	HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS) ION HOSPITA	_	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired-Chry	sure industry Sler Corp.
			GIVE RESIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?		
	Md.	Cecil	lkton	YES NO X	130 STREET ADDRESS / ZIP CO	Rd. 21921
14 FA	ATHER'S NAME			15 MOTHER'S MAIDEN NA		
	George	WIDDLE	Stout	Lucy	WIDDLE	oakes .
	WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17 INFORMANT		Ikton, Md.
(,	YES, NO OR UNKNOWN)	Korean Korean	232-461-56	8 Doris D. S	Stout 113 Woo	lens Rd.,
FICATION	Conditions, if ony, ogove rise to imme cause to stating underlying cause PART 2 OTHER SIGNII 19a DATE OF OPERATION	which (b) (b) (diate the last (c) (c) (c)	R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU ITION FOR WHICH OPERATION		AMINAL DISEASE OR CONDITION (200 AUTOPSY? 206 IF	GIVEN IN PART I a YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?
E					YES NO NO	YES NO
CAL CERTI	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL	USE OF DEATH HOUR A.	M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN HEM.)	18 PAR! OR PAR! 21
MEDICAL	21d INJURY OCCURRE	(AT HOME STR	OF INJURY HEET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	2 what	COUNTY STATE
	saw the deceased	his hospital) attended the olive on divided not) view the body	19 8 7	and that in (my) (our) opinion DEGREE ATTENDING	death occurred on the date and h	that (I) (we) lost rour and from the causes stated
	1	100		PHYSICIAN [DIRECTOR PHYSICIAN	19/0/8
	ERNest F	1. 1	10.	200 Bows	it. Elkton,	md. 21921
23a B	BURIAL CREMATION, RE (SPECIFY) Buria.			cemetery or crematory ank Cemetery	7 Calvert	Cecil Md.
24 FL	UNERAL DIRECTO	CHINCAL	Home, PH	250. DAT	TE REC'D. BY REGISTRAR 75h, REG	ISTRAR'S SICHATURE

DHMH = 16 60M 7/B4 (VRA 15, 4)

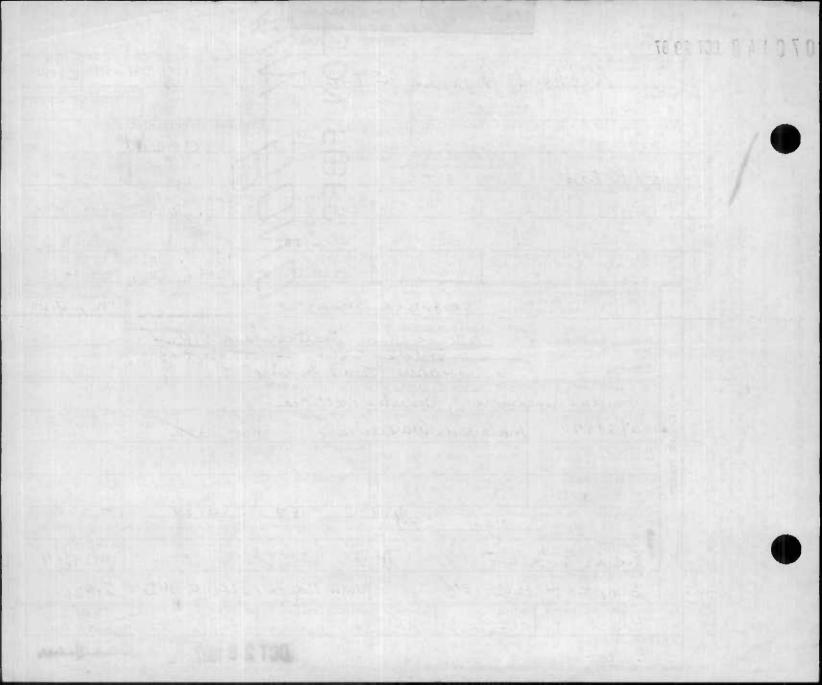
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cai should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burnal, cremation, or remaval.

IMPORTANT. If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	0
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	OSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after de	ed by the haspital or attending physician.
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0 7	0	181	OCT 2	b B	G7REGISTRAR CERTIFICATE OF DEATH													
0 1	0	1 7 0 0		I DECEASED NAME EIRST			MIDDLE LAST				1	20 DATE OF DEATH MONTH DAY				YEAR 26 HOUR	26 HOUR	
		age 3		(TYPE	ORPRINT)	cha	nd k	Cl. V. m. n.	_1	<	tun	P		1	10	24	81	0100 "
		poge r deat		3. SE	(11/4	1 RACE	ymo	nea	5. DATE C	FBIRTH	1	6 AGE	YEARS LAST 8	HRTHDAY)	TE LOS	NDER YEAR	IF I NDER , 4 HRS
		director hours afte			male		cauca	asion		MODITH	103	26	61		YI	RS. WON:	II. AT	HOUR MIN.
			P.	7a. BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN O	F WHAT COU	NTRY?	8	VI	MARRIED	9 BALTIM	ORE CITY	OR COU	NTY OF	DEATH	
		ner ner n	No so	N	aryland		USA	A		WIDOWE		NORCED [C	00	11		MD.
		1/1/2 1	Pe /	10 C	TY OR TOWN OF DEA	11. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				OR OTHER INSTITUTION		120 USUAL OCCUPATION				126 KIND OF BUSINESS OR INDUSTRY		
10		a de la	natified		ELKTO	n	Unic	on Hos	spit	al			Sal				eta	il sales
21201		000	St De	13n S	AL RESIDENCE (IF NURS	13b. COUN	ITY	130 CITY O			13d INSIDE (CITY LIMITS?	13e STREET	ADDRESS	/ 7IP C	ODE		
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RYL/		2 st	E) M	14. FA	THER'S NAME		WIDDIE	14	AS1			S MAIDEN NA	WE	MIDDLE			LAC	1
WA		and market	oxo		Roscoe		H.	Stu	art		Win	ifred		MIDDLE				igh
R.		d co	icol		VAS DECEASED EVER		MED FORCES?				17 INFORMA	ANT	1	31 ADE	RESS M	ain	Stre	eet
IMO		Pag .	med	1	Ves	TATIAL T	T	0152	28-	2626	Bett	y Stu	art R	lisin	g S	un,	Mary	land
BALTIMOR		sicio pers	the /		18 CAUSE OF DEAT	1 (Enter on	ly one couse p	er line for iol,		lc .		4					APPROX	MATE INTERVAL
5T.		phy anpo	even		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Venthicular Standstell "Minufer"													
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PRESTON		deat otter dve tran,	a c a		Conditions, if ony,	which	(d:b)_	Antes			ic the	aurdi	sease	,5/1	0,			
PR .		the remo	er fi		gave rise to imn cause (a), statin	g the	DUE TO.	OR AS A COR	SECUEX	CE OF Y	arger	of try	pau	grafe	nez	1		
2		d by ease	10 10		underlying couse	last	1 0_	Core	usi	4 -	heart	Jailu	re	0 •	0			
5, 2(igne en pl	ory.	7	PART 2 OTHER SIGN	IFICANT C	CONDITIONS	CONTRIBUTION	G TO DE			D TO THE TERM	MINAL DISE	ASE OR CO	NDITION	GIVENI	N PART 1	U
ORD		sen si t The or to	y -	5	Uneuler	1	redien	ue,	Did			lines_	100		T	5 W55 114	- DF F	
AL RECORDS.		an. has be t permi	dws on	CERTIFICATION	igo DATE OF OPERAT			is which	1				YES [TOPSY?	206 I	ERTIFYING YES	G CAUSES	OF DEATH?
		rysici cate ransi	8 %	CER	210 ACCIDENT WAS UND			OF INJURY A.M. MONT	H DAY	VEAD	21c HOW IN	NJURY OCCUR	RED TENTER	NATURE OF IN	HY IN ITEA	W 8 PART	DR PART.	
O		ding plans certif	#e #	CAL	OR CONTRIBUTING C		1101	P.M.	II DAI	19								
DIVISION OF VIT		this of the day	dor	MEDICAL	21d INJURY OCCURE			E OF INJURY	OFFICE FAR	PAN ETC 1	211 LOCATI	ON		CITY OF I	IOWN		OUNTY	STATE
<u> </u>		after After than	rked	2	AT WORK AT WOR	II É												
		R A Vise teals	as m		220.1 certify that (1)		101		liom	Herri		1989	, to	10/3	4	. 19_	. ,	that (I) (we lost
		CTO CTO	2 1		saw the decease obove, (I) (we) (c	d plive on id) (did no			_19_5_) (our) opinion	death occur	red on the	date and	l hour and	d from the	causes stated
		or he ho	# Her		27h SIGNATURE	= 1	2 -1 -			LA.	DEGREE	ATTENDING .	MEDICA		AFF		22c DATE	SIGNED
		A P P	-		Celegar	6.	JOUR III			In	171	PHYSICIAN [DIRECTO	R PHYS	ICIAN [10/5	4(87
		etained by	MPORTAN		EDGAR		FRINT)	314	7		Uluna Uluna	Hospital	, EL	KTON	, m	1	219	991
		retained TO FUN should to	N N N	22- (21			
		00		230	Burial	KEMOVAL		27-87				~	C	ITY OR TOWN	-		UNITY	STATE
		BP	_		DUT'TAT		110-2	1-01	Bro	ookv	lew	Cemete	ery R	isin			ecil	MD
	D	HMH = 16 60M (VRA 15, 4)		R	010.045	Fur	arol	Homa	Dress D:	0.5.	C-	00	T 2 8	1987	130 KL			Landard
		(VIA 13, 4)	,		T. Foar	r rul	icial	nome,	nls	sing	Sun,	MD		7001	V			



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. L. C. Torracion L. L. Constitution

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3 4 OCT	13	GISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE (OF DEATH	REG NO		
			CEASED NAME	FIRST		MIDDLE		LA T	2a DATE	KNOWN MO	NIH AY YEAR	Zh HOUF
	ASE OR URS URS			Wi 1	lliam	D	Thomp	son		H MATED 1	10-5- 1987	
	RECTO JR FIL 2 HOU 1 STRE	3 SEX		ACE	DATE OF BIRTH	YEAR LA BIR H	DAYI MONT	DER YR IF UNDE	MIN PRONO	JNCED 10	-5- 8	0-E
	ARY ON 720		RIHPLACE INVALE	nite	Sept. 22		YRS		DEA	MORE CITY OR CO	19	/ A ^
	September 5		Elkton		U.S.A		MARR	IED NEVER MARI	RIED 4	cil County		J.M.
4	SE S		ty or town of t Elkton	EATH	HE NOT IN SUCH FAC	ital nursing hold in the street address igh Street		ier institution	EOR MOST OF W	UPATION (TYPE OF WOORKING LIFE TS Manage	OR INDUS	BUSINESS TRY Auto
21201	AND 3 THOUSE RECORD	13a S	AL RESIDENCE IF IN TATE Lryland	13b COUN Cec		13c CITY OR TOWN Elkton		13d INSIDE CITY LIMITS? YES [X NO [RESS High St.,	2192	1
MD.	T CANAL V	14 F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MIDDLE	LAST	
ALTIMORE, MD	DEATI GES 1	J	ames		C.	Thompson	, Jr.	Caroly	'n	MOULE	Plitt	
MO	PAGORN SINO		VAS DECEASED EV			166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS		
ALT	AFT AGE AGE		No	(1.12) 0.12	THE ORDINES!	212 50 4	962	James C.	Thompson	Jr., Elk	ton, Md.	21921
60	WIT P		18 CAUSE OF DE	ATH (Enter an	ly ane cause per line t	ar (a), (b), and (c)						ATE IN ERVAL
Z	ERM I HO		PARTIDEATE	I WAS CAUSED	TE CAUSE (a) ACT	ute bronch	o pne	umonia				
STO	N N N N N N N N N N N N N N N N N N N		4.000		DUE TO, OR	AS A CONSEQUENC	EOF					
02	NER ANY			f any, which a immediate	b)							
3	PEN AMI		lying cause to	ing the <u>under</u>	DUE TO, OR A	AS A CONSEQUENCE	E OF					
3, 20	EX PARTICULAR IN THE PROPERTY OF THE PROPERTY				(c)							
RECORDS	"PENDING "PENDING FF MEDICAL SED AS A BU "HEALTH AT AL, CREMATI	NO			CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL OISEASI	E OR CONDITION GIVEN IN P	PART 1 0			
OK	DM 5 4 90 7	CERTIFICATION	19a DATE OF OPI			ON FOR WHICH OP	ERATION W	'AS PERFORMED?			20 AUTOPS	Ϋ́
/ITA	승명 표 교 유 목 시	TE									YES 🔀	NO []
DIVISION OF \	THE WOOD THE COULD BE COULD BE RIMENT OR TO BUT		210 EXTERNAL C. UNDERLYING CONTRIBUTING	OR		MONTH DAY YE	AR 21c HC	OW INJURY OCCURR	ED IENTER NATURE OF	INJURY IN ITEM 18 PART 1 C	DR PART 2)	
ISIO	ERTIF ING 1 3 SHC PRIO	MEDICAL	216 INJURY OCC	=	21e PLACE O			CATION				
DIV	WRITI WARDE VARE 3 AGE 3 ATE DI	W	WHILE AT WORK	OT WHILE [STREET EACTO	DRY_EARM_ETC)	5	TREET	CITY OR	OWN	COUNTY	STATE
	ATE, ORV ORV AE SI AE SI AD, A		22a I certify th	at I yoak charg	e af the remains desc	ribed abayle, held an	Autap	sy Inspection	an Inquir	y and in m	ny apinian	
	MIN BE BE FILL TATA		death resulted fr	am Natur	ral couses 💹 📄	Accyden :	Suicide	, Hamicide .	Undetermined	manner .		
	CERT JED DIRE WITH		ACTION	111	1/1/	1/19		TITLE (SPECIFY)				
	SHOULD SH		ACTUAL SIGNATURE	1/1/	1 1 . 1	10/1	M	D Assista	nt MEDICAL EXA	AMINER SK	GNED 10-6-	- 87
	MED SE SE		EXAMINER'S NAM	AE Cha	rles P. Ko	okes, M.D.		ADDRESS 111	Penn Stre	et, Balto	.,MD 2120	01.
07 84	Bb Bb Bb		Burial	NEMOVAL I	10/7/87	Loudon		Cemetery.	Baltimo:			Md.
25M	DHMH 17	24.11	Hicks Ho	me for	Funerals	Heek	kton,	Md.	1 09 1987	AR HE REGISTRAN	PS SIGNATURE	E.



TO HOSPITAL

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DHMH 16 60M 7 B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT If Hem 21 is marked at Item 18 shows any injury, or other traumatic event, the

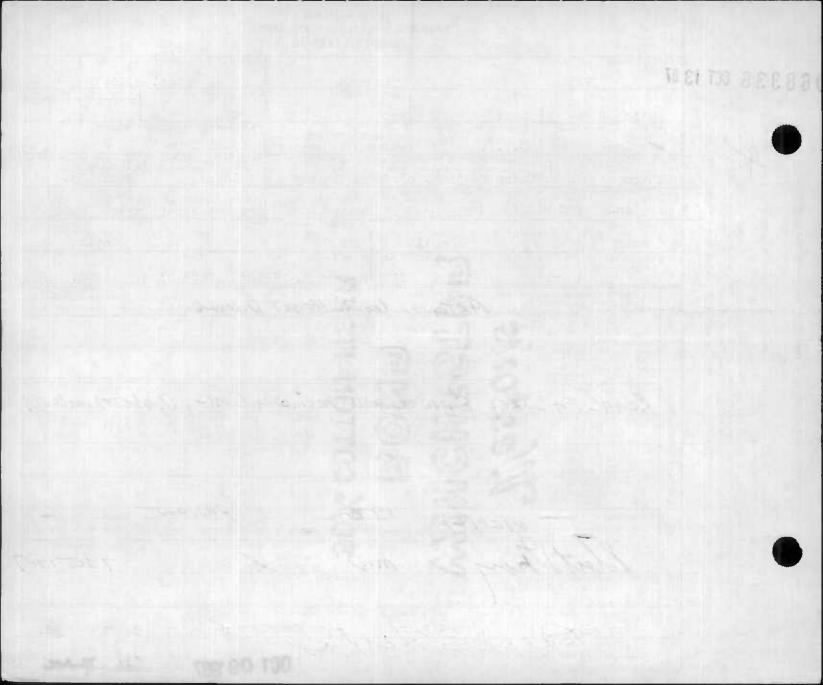
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FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29540

- 1	REGISTRAR					CEKTIF	ICATE OF	DEATH		REG. I	NO				
	1 DECEASED NAM	ΛE	FIR51		MIDD16	L	ASI		20 DATE	OF DEATH	MONIH	DAY	YEAR	26 HOL	JR
3	BYE OR PRINT)	Wa	lter		C.	Tic	hnell				Oct.	5,19	87		M
1	3 SEX			4 RACE		5 DATE C	OF BIRTH		6 AGE	IN YEARS LAST E		IF UNDE	ER FAR	IF VINLER	
П	Male			White		Apri		1921	6	6	YRS	MUNIHS	DATE	HOOR	MIN.
	To BIRTHPLACE	ATE ON FC	REIGN I		WHAT COUNTRY?	8	NEVER	ALABBIED []	9 BALTIA	MORE CITY	OR COUN	TY OF DE	ATH		
	Maryla	nd		U.S.A.		WIDOWE		NORCED	Ce	cil Co	ounty				MD
	10 CITY OR TOWN	OF DEAT	Н		HOSPITAL, NURSIN		OR OTHER INS	TITUTION		AL OCCUPA			KIND O	F BUSIN	ESS OR
	Elkton				Hospital (cil Cou	inty	Wel		01 110-111110		o Mf	g.	
	USUAL RESIDENCE		13b COUN		GIVE RESIDENCE BEFORE		113d INSIDE (ITY LIMITS?	113e STREE	T ADDRESS	ZIP CO	DE			
3	Marylan	d	Ceci	.1	Elkton		YES 🗌	NO 🔀		Blue			1 2	21.92	1
1	14 FATHER'S NAM	۸E	^	AIDDLE	LAST		15 MOTHER	S MAIDEN NA	AME	MIDDLE			LAS1	f	
1	Irvin				Tichnell		Edith	1				Г	aylo	or	
	160 WAS DECEAS			MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORM	ANT		ADD	RESS				
	Yes		Army	WWII	215 16	4159	Arlene	E. Ti	chnel	1,2096	Blue				
	18 CAUSE	OF DEATH	S CAUSED	y one couse per	line for a ib on	de	_	//					APPROXI BETWEEN C	MATE INTE	DEATH
	- FAMILIA			E CAUSE (a)	4RTEL10	sile	20161	4cant	12.4	yse					
-				DUE TO, O	R AS A CONSEQUE	NCE OF									
	Conditions			(b)_											
		gave rise to immediate couse of stating the DUETO, OR AS A CONSEQUENCE OF													
	underlying	underlying couse last													
		HER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATE	TO THE TERM	MINAL DISE	ASE OR CO	NDITION	SIVEN IN	PART 1 c	1	
	½ Ken	AL I	FAIL	uze,	EPIDO	Zmo	NO CA	ecinon	m a	nG,	Dia	set	TIN	nell	425
>	TION DATE O	190 DATE OF OPERATION			196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF C					
	E L								YES] NO[]		YES 🔲		NO [
2				216 TIME C	OF INJURY .M. MONTH D	Y YEAR	21c HOW II	NJURY OCCUR	RRED (ENTE	R NATURE OF IN	JORY IN ITEM	8 PARTICIR	PART 2		
	OR CONTRIBU		AL EXAMINER		M	19									
	OR CONTRIBE				E OF INJURY STREET FACTORY OFFICE FARM ETC.) 21f LOCATION STREET					ITY OF	TOWN	20	YINUC	1, 1	TATE
	A' WORE	A WOR	LE							-					
		•		ol ottended th	is deceased from_	17	76	. 19	to_	pres		19		that 🕈	lost
	saw th above,		d alive on.			. 0	nd that in (my	opinion	n death accu	irred on the	date and h	iour and f	rom the	couses st	ated
	71% SIGNA	1	11	91			DEGREE	ATTENIONIO	MEDIC		AFF	27	2c DATE	SIGNED	
	L	Non	10	hen	7	m	1	PHYSICIAN				-	700	21 1	98/
	FR# PHYSIC	LANSNA	WE THE O	(MINE)			22e ADDRE	55							
	Dr	. Rob	ert (Gray, M	. D.										
	230 BURIAL CREA	MATION, R	REMOVAL	236 DATE	236 1	NAME OF C	EMETERY OR	CREMATORY		CATION		OUN	VII		TATE
	Bu	rial	X	Oct 8	, 1987 Un	ion M	ethodi:			Union		Ceci	il	Me	d.
	24 FUNERAL DIRE		me	or Fune	rals ADDRESS	E1k	ton, M		ATE REC D E	BY REGISTRA	R 25b REG	ISTRARS	SIGNAT	URE	
	1110	120 110	ATTEC TOP	CE 71 UIIC.	- 420	~ ~ 12		-nn	TOO	- no nom	1	100	70	-2.00	



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

71 -	FOR STATE REGISTRAR			DEFARI		ICATE OF DEATH	REG NO	J.	-7 4	•
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
(1886	GRA	ACE			TOMA	SKO	0c	t. 23	,1987	1007
3 SEX	X	1	4_RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF LINISER YEAR	
	Female		White		NOV.		77	YRS	MONTH DAYS	HOUR'S N
7a BIF	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHAT COUNTRY? 8			4, 1909	9 BALTIMORE CITY O	OF DEATH	OF DEATH	
C	COUNTRY)				MARRIE	D NEVER MARRIED	Cecil Co	_		
	ennsylvania ITY OR TOWN OF DEA		U.S.		WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATION		17h KIND C	OF BUSINESS
			(IF NOT IN SU	CH FACILITY, GIVE STREE	ET ADDRESS)		(TYPE OF WORK FOR MOST O), DOSH-1233
	lkton			- de		cil County	Homemaker			
13a S	AL RESIDENCE (IF NURSI STATE aryland	13b COUN Cec	TY	136. CITY OR TO	WN	13d INSIDE CITY LIMITS? YESX NO [13e STREET ADDRESS / 434 Waldin			01
14 FA	ATHER'S NAME			-		15 MOTHER'S MAIDEN NA				
	Joseph	٨	AIDDLE	Lucas		Ella	Mae		Kru	leger
160 V	VAS DECEASED EVER	IN U.S. ARA	MED FORCES?	16b SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	SS	***	
	YES, NO OR UNKNOWN)		WAR OR GATES)	199 30	2116	Gary Yoder, 4	34 Waldin C	ourt	N. E	Md. 210
=	NO 18 CAUSE OF DEATH					July roughly	Ji wararii c	our cy		IMATE INTERVAL
	Canditians, if ony, gave rise to imm cause (a), statin underlying cause	nediate g the	(b)	PRAS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF	unin E	e TENSIUG			
FICATION	gave rise to imm cause (a1, statin underlying cause	nediate g the last	DUE TO, CO	DE CLAB ORAS A CONSEQUE ONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES	S, WERE FINDI	NGS USED
RTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	nediate g the last	DUE TO, CO	DE CIAL B OR, AS A CONSEQUE DE TO LE ONTRIBUTING TO OUTTON FOR WHICE	UENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDI FYING CAUSE:	NGS USED
CAL CERTIFICATION	gave rise to imm cause (a) statin underlying cause PART 2 OTHER SIGN	mediate g the last NIFICANT C	DUE TO, CO (c) ONDITIONS C 19b. COND 21b. TIME C HOUR A	DE CIAL B OR, AS A CONSEQUE DE TO LE ONTRIBUTING TO OUTTON FOR WHICE	UENCE OF TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDI FYING CAUSE:	NGS USED
MEDICAL CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDO OR CONTRIBUTING C	mediate g the last NIFICANT C TION DERLYING CALEXAMINER) RED	DUE TO, CO (c) 19b. COND 19b. TIME C HOUR A P 21e PLACE	DE CLA BORRAS A CONSEQUENCE ON ENTREMENTING TO	UENCE OF LITTED DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE'IN CERTIF YE	S, WERE FINDI FYING CAUSE:	NGS USED
CAL	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE SITHER NOTIFY MEDIC 21d INJURY OCCURRE	TION DERIVING CALEXAMINER) RED (this haspited alive an add) (did not	DUE TO, CO [c] ONDITIONS C 19b. COND 19b. COND 11b. TIME C HOUR A P 21e PLACE (AI HOME SI ON DIVINE WHO BODY	OF INJURY	UENCE OF LITTED DEATH BUT HOPERATION DAY YEAR 19	216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 217 LOCATION STREET 19 19 10 10 11 12 12 12 12 12 12 12	AINAL DISEASE OR CONI 200 AUTOPSY? YES NO RED TENTER NATURE OF INJUI CITY OR TO death accurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YE'IN CERTIFYER THE BEST OF THE BE	S, WERE FINDI FYING CAUSE: SS D PART OR PART 2 COUNTY 19 22c DATE 10	NGS USED S OF DEATH? NO that II (we) causes stated. SIGNED
MEDICAL	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCUPATION OF ALL WORK NOTIFY MEDIC 27a certify that (I) saw the decease above, (I) (we) (c) 27b SIGNATURE ALL WORK NOTIFY MEDIC 27b SIGNATURE ALL WORK NOTIFY MEDIC 27c certify that (I) saw the decease above, (I) (we) (c) 27b SIGNATURE ALL WORK NOTIFY MEDIC 27d PHYSICIAN'S NA Dr. Rola	MIFICANT CONTION DERIVING CALEXAMINER) RED (Ithis haspited alive an adid) (did not alive an adid) AME (TYPE OF and and alive an adid)	DUE TO, CO [c] DUE TO, CO [c] 19b. COND 19b. COND 19b. TIME CO HOUR A P 21b. PLACE (AI HOME SI all) attended the body (APPRINT)	OF INJURY REEL FACTORY OFFICE ra, Md.	UENCE OF LT 9 DEATH BUT TH OPERATIO DAY YEAR 19 E FARM, ETC.)	216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN 228 ADDRESS 105 E. Main	AINAL DISEASE OR CONI 200 AUTOPSY? YES NO RED TENTER NATURE OF INJUI CITY OR TO death accurred on the do MEDICAL STAI DIRECTOR PHYSIC St., Elkto	20b. IF YE'IN CERTIFYER THE BEST OF THE BE	S, WERE FINDI FYING CAUSE: SS D PART OR PART 2 COUNTY 19 22c DATE 10	NGS USED S OF DEATH? NO that II (we) causes stated. SIGNED
WEDICAL WEDICAL	GOVERNOR TO THE SIGN THE SIGN TO THE SIGN	MIFICANT CONTION DERIVING CALEXAMINER) RED (Ithis haspited alive an adid) (did not alive an adid) AME (TYPE OF and and alive an adid)	DUE TO, CO [c] DUE TO, CO [c] 19b. COND 19b. COND 19b. TIME CO HOUR A P 21b. PLACE (AI HOME SI all) attended the body (APPRINT)	OF INJURY REEL FACTORY OFFICE ra, Md.	UENCE OF LT 9 DEATH BUT TH OPERATIO DAY YEAR 19 E FARM, ETC.)	216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 217 LOCATION STREET 19 19 10 10 11 12 12 12 12 12 12 12	AINAL DISEASE OR CONI 200 AUTOPSY? YES NO RED TENTER NATURE OF INJUI CITY OR TO death accurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YE'IN CERTIFYER THE BEST OF THE BE	S, WERE FINDI FYING CAUSE: SS D PART OR PART 2 COUNTY 19 22c DATE 10	NGS USED S OF DEATH? NO that II (we) causes stated. SIGNED

DHMH = 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6833	5 OCT 13	87-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO	GIENE 2.2	9 5	, 3		
			EASED NAME	FIRST	,	MIDDLE		AST	26. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR	
ě	death	TTPE	OR PRINT) BEF	RTRAM	C		WAI	RD, Jr.	Octo	ber 2	1987	M	
шоу	000	3 SE	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF U		UNDER 24 HWS	
9 4	s oft		Male		White		July	7, 1914	73	YRS	IAS DATS H	DURS MIN.	
Pod	hour la	70 BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
toth	C 3 3 5	Ma	ryland		U.S.A. 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		WIDOWE		Cecil Cou	inty		MD.	
	13 /9 /	10 CI	TY OR TOWN OF DEA	TH			ING HOME OR OTHER INSTITUTION		120 USUAL OCCUPATE		126 KIND OF BUSINESS O		
5 2		No.	kton		Union H	Mospital	of Ce	cil County	Assembly L:		Auto Mfg.		
ND 21201	willed in willed in must be	130. 5	AL RESIDENCE (F NURS TATE ryland	136 COU		13c CITY OR TOW Elkton		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 141 Courtne	ev Driv	e 21	921	
YLA	A GENT		THER'S NAME					15 MOTHER'S MAIDEN NA	ME	2			
MARYLAND ed within 24	and and and and		Bertram		C.	Ward,	Sr.	Helen	MIDDLE	Ro	thwell		
	Col Col		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECL		17 INFORMANT	ADDRE	SS	2164	1	
W ×	Poge medi	- 0	Yes	W W	VE WAR OR DATES)	218 09	3565	Marie R. Ste	wart, P.O.Bo	x 24,			
BALTIMORE,	hysiciar bapers. oval int, the		18 CAUSE OF DEAT	H (Enter or	nly one couse per						APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH	
ST.	g ph onpo emo even		PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE OF COLOR OF THE ITEMPT FINITERS										
0 £	corb , or r		Conditions, it ony, which (b) ALLIE MY CARBUM (NEARLE OF										
PRESTON of death o	afte		gove rise to immediate										
W. P	by the case rem al, crem		couse a statin underlying cause	g the	DUE TO, O	RAS A CONSEQUE	MY 1	hurry or	SEASE				
tDS, 20	signed Then ple to burid	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10										
1 RECORDS	has been prior ene prior ows any in	CERTIFICATION	190 DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, W IN CERTIFYIN YES [ERE FINDINGS	S USED DEATH?	
OF VITAL	certificate h		2 to ACCIDENT WAS UNE	AUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)		
DIVISION OF	the burn ond Mer	MEDICAL	21d INJURY OCCUR!	RED	21e PLACE			211 LOCATION STREET	LITY OR TO	wN	COUNTY	STATE	
ā Ž	or or or or alth mark		22a certify that (I)		ital) attended th	e deceased from	2 -	1- 19-2 Y		2 19	87 tho	t (1 (we) last	
Z Z	TOR TOR		saw the decease	ed alive or	2	19	×7.0	nd that in (my) (our) opinion	death accurred on the de	ste and hour a	d from the cou	ises stated	
OR A S	hosp hed the ept tem		226. SIGNATURE	ila) (ala no	or view the body	after death.		DEGREE			22c DATE SIG	SNED	
0			Fli	unde	1. Const	ril		ATTENDING PHYSICIAN	MEDICAL STAI		10-	287	
PIT	FUNERAL LETON	1	224 PHYSICIAN'S NA	AME TYPE	OR PRINT)			22e ADDRESS					
ŎĦ ŎĦ	o FUN		Dr. Ro	lando	A. Naje	era, M. D	•	105 E. Main	St., Elkton,	Md. 219	21		
5	9 = =		BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION										
	BP		Burial		Dct. 5,	, 1987 No	rth E	ast Methodist			cil	Md.	
DHA	AH - 16 50M 4/B2 (VRA 15, 4)	24 FI	Hicks Home	Stor	Funeral	CKADDRESS		Elkton, McOGT	TE REC'D. BY REGISTRAR		S SIGNATUR		

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Frol director page 3 72 hours ofter death

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DE C . I	_			

- 17	97 REGISTRAR				CEKITITIC	AILOFL	EAIN	REG N	0.			
T	DECEASED NAM	E FIRST	MIDDL	E	LAS	T		20 DATE OF DEATH		Y YEAR	26 HOUR	
	(TYPEOR PRINT)	NORM	IAN E.		WAT	SON		October 2	, 1987		1:10	
3	SEX		4 RACE	1	DATE OF	BIRTH		& AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR				
	Male		White		5 MONTH	18	18	69 YRS				
X 7	a BIRTHPLACE	TATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	MARRIED -	9 BALTIMORE CITY C		F DEATH				
A	North Ca	rolina	U.S.A.		WIDOWED		VORCED [X]	Cecil Co	nintv			
	CITY OR TOWN		11. NAME OF HOS	PITAL, NURSING	HOME OR			120 USUAL OCCUPAT	ION		OF BUSINESS	
	Perry Po:	nt. Md.		ility, give street adi				Carpenter		INDUSTRY		
. 18	JOUAL RESIDENCE	(IF NURSING HOME O	ROTHER INSTITUTION GIVE									
2	Marylar	id Har		CITY OR TOWN Baldwin		3d INSIDE C	NO K	13e STREET ADDRESS 2605 Green	Road	210	013	
2 1	FATHER'S NAM						SMAIDENNA	ME	1 ROGG	210	719	
	Hard	lan	WIDDLE	Vatson		Δ1-	i.ce	WIDDLE		unler	nown	
	60 WAS DECEASE			SOCIAL SECURI	TY NO 1	7 INFORMA		ADDR	ESS	UIIKI	TOWIT	
10	YES NO OR UNKN		VE WAR OR DATES)				ll Wats	on Perryv	× 633,	1 016	000	
				18-14-71		Carro.	II wats	on rerryv	lle, M		,	
	18 CAUSE C	F DEATH Enter o	nly one couse per line	for (a), (b), and (C '					BETWEEN	XIMÀTE INTERVAL I ONSET AND DE	
	IMMEDIATE CAUSE (0) Cardio pulmonary arrest											
	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which (b) Pneumonia											
	couse (o), stoting the DUETO, OR AS A CONSEQUENCE OF											
	underlying											
	PART 2 OTH	ERSIGNIFICANT	CONDITIONS CONT	RIBUTING TO DE	ATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1	0	
	Pos	st status	cerebral	vascula	r acc	ident						
7	N 190 DATE OF			FOR WHICH O			RMED	200 AUTOPSY?		WERE FINDI		
4	POS 190 DATE OF 210 ACCIDENT							YES NOT	YES YES		S OF DEATH?	
-	210 ACCIDENT	WAS UNDERLYING	216 TIME OF IN			21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU				
26	00.000,410,40,41	ING CAUSE OF DE	m111	MONTH DAY								
	(IF EITHER NO.	TIFY MEDICAL EXAMINE	P.M. 21e PLACE OF II	LILIBY	19	ZII LOCATK	ON.					
	WHILE C		(AT HOME STREET F	ACTORY OFFICE FAR		STREET		CITY OR TO	NWN	COUNTY	STAT	
		NOT WHILE AT WORK				^	07		7	0.7		
	22a.1 certify	that X (this hosp	ital) attended the de			0	_, 19_87_	to October			XXXXXX	
	20000		New the body offe	ĸĸ ĸĸĸĸĸĸ	XX. ond	that in (my)	(our) opinion	death occurred on the d	ate and hour o	and from the	couses states	
	226,63GNAT	395			DE	GREE					SIGNED	
		time			W		ATTENDING PHYSICIAN [MEDICAL STA		10	5.8	
7	224. PHYS/CI	AN'S NAME ITTE	de merco)			27e ADDRES	-	J - M.C. FOR (2) 1771 01		1 .		
	101	IN I ONEDC	AN M D			TAMC	Donner	Point, Md.				
4			AN, M.D.	122 214	445.05.05		CREMATORY	173d LOCATION				
7	(SPECIFY) Dave						st Cem.		11 D-	Trimo	re Mã	
		ial	10/7/87	Gar	LISON	гоге						
100	4 FUNERAL DIREC		_	ADDRESS				E REC'D BY REGISTRAR				
	Tarring	Funeral	Home, PA, Ab	erdeen.	4d.210	001 - 33	991 11	()0 1027	whie Law	(A Carlon)	a Jack	

DHMH 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed should be detoched for use os the buriol-tronsit permit. Then play with the State Dept. of Health and Mental Hygiene prior to buri IMPORTANT. If Item 21 is morked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN The lov

etoined by the hospital or

BP.

and the transfer Butter - (known the

Old month

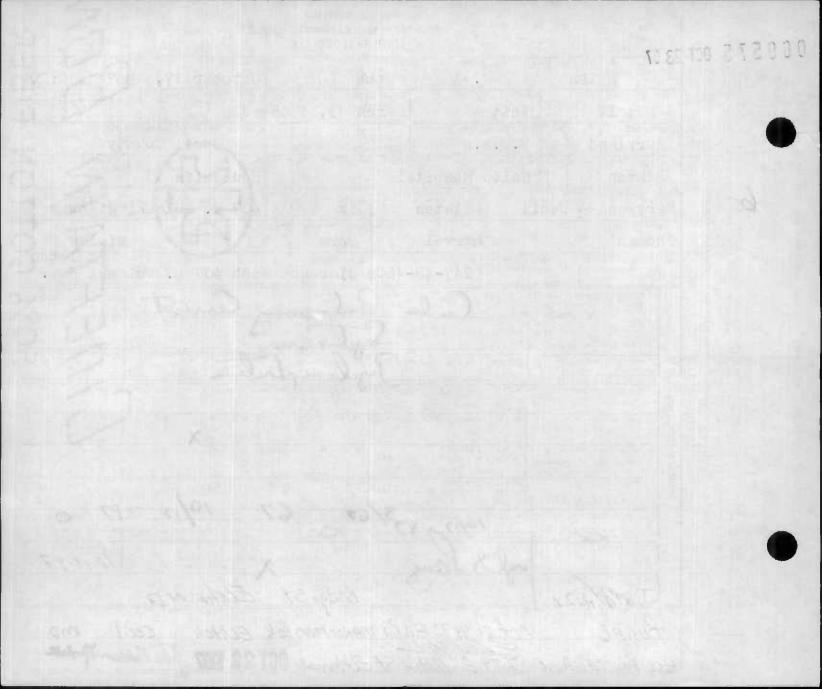
STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL BYCIEN

1 1	-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	250			
	I DE	GASED NAME FIRST	MIDDLE		AST	REG.		DAY YEAR	2b HOUR
		Helen	C.	We	bb	October	17,	1987	10: 20
-	3 SE>	X	4 RACE	5 DATE C	OF BIRTH	6 AGE TIN YEARS LAST !		# NIVER I TAR	-
	-	Female	White	Mar	ch 13, 1905	82	YRS	M Let VAI	HC. IS. WIN
	7a B1	RTHPLACE II ATECA FORE UN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	M	laryland	U.S.A.	WIDOWE		Ceci	.1 Co	unty	MD
1		ty or town of death Elkton	11. NAME OF HOSPITAL, NURS	T ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAL LIVE OF WORK FOR MOSE HOUSEWII	TION LOF WORKING E	LIFE) 126 KIND C	OF BUSINESS OR
6	139 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY LAND	TY 13L.CITY OR TO	WN	13d INSIDE CITY LIMITS?	134 STREET ADDRESS	ulas	ki Hig	hway
0		THERS NAME TOMAS	Marvel Marvel		Cora FIRST	ME	100	Fiel	ds
	160 M	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC 217-48		Clarence	Webb 407		ulaski	Hwy.
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause ia stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONDITIONS CONTRIBUTING TO	JENCE OF		VINAL DISEASE OR CO		IVEN IN PART I	
4	ERTIFIC	7 a ACCIDENT WAS UNDERLYING	21b TIME OF INJURY		21¢ HOW INJURY OCCURI	YES NO		TIFYING CAUSES	NO []
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		THE NEW WYORK OCCORD	TENTER NAME OF	If like 1, 4 1, 72, 13	S PART - R PART.	
	MEDICAL	IN EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AL WORK	P.M. 21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION	CITY OR	IOWN	OUNTY	JTA
		22a I certify that (I) (this hospit	Arew the body ofter death	¥7 or	nd that is my lour) apinion	death occurred on the	date and he	19 12	tha (we last
		22b SIGNATURE	onl & San	į.	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	10-1	9-87
		JOSPALANZ	U	0	Bridge St.	Elkton	MA		
	230 B	UBIAL CREMATION REMOVAL	JOH DIATE 23c	NIAME OF C	EMETERY OF CREMATORY	23d LOCATION			

DHMH 16 60M 7 /84 (VRA 15, 4)

IMPORTANT If them 21 is morked or Item 18 shows any

Kee RWEIAL Home 259 E. MAIN ST. ELFOURD US & 4 486.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

- STATE CERTIFICATE OF DEATH REG NO DECLASTI NAME 20 DATE OF DEATH MONTH 2h HOUR LIVEE OF PRINT Jeremiah Whiteside 1987 October 3 SEX 4 RACE 5 DATE OF BIRTH Male November 4 1914 ERTHE ACE ATEUR FOREIGN Th CITIZEN OF WHAT COUNTRY? | 8 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania WIDOWED Cecil County 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IL CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE Salesman RisingSun Calvert Manor Nursing Home Sales SUAL RESIDENCE IF NUR INCHOME OR OTHER INSTITUTION DIVERSIDENCE BEFORE ADMISSION STATE

130 STATE

131 COLINTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 3400 Limetone Rd PA Oxford YES A NO A 19363 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Whiteside Nichols Robert Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATEST Mary Whiteside 3400 Limestone Rd. Oxford, Unknown 197053043 CAUSE OF DEATH Enter only one cause per line for a 16 and PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause a stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPS+2 Oh IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES 🗍 NO FT 71n ACCIDENT WAS UNDERLYING [] 21h TIME OF INJURY 216 HOW INJURY OCCURRED ENTER NATIRE DEINJERVIN TEM B PART PRART. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINER 114 INJURY OCCURRED 21e PLACE OF INJURY II. OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC. NOT WHILE 220 I certify that 1) this haspital attended the deceased fram. saw the deceased alive an (V) and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, | | (we) (did) (did not) view the body after death 226 SIGNAPORE DEGREE 22c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

DHMH 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 2170

MPORTANT, If here 21 is marked

O FUNERAL DIRECTOR

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL DYGIENE CERTIFICATE OF DEATH

29552

I	1 0	REGISTRAR			CERTIF	ICATE OF DEATH	1	REG N	0				
		CEASED NAME FIRST		MIDDLE		LAST			MONTH	DAY YEAR	26 HOUR		
	(TYPE	E OR PRINT)	r Rumn A	rthur Will	iame S	r		10/10/87					
	3 SE		4 RACE	Byron Arthur Williams, Sr.						(IN YEARS LAST BIRTHDAY) IF UNDER LYEAR			
	1	Male	Cau	casian	8/2	4/12 DAY YEA	AR	75	YRS	MONTHS DATS	HOURS MIN		
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIE		9 BALTIMORE CITY O		Y OF DEATH			
2		Maryland	U.S.A		WIDOW			Oecil O	antsz		MI		
1	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI	ING HOME	OR OTHER INSTITUTIO		120 USUAL OCCUPATI	ON		OF BUSINESS OR		
100) - T	Perry Point	Down D	oint V.A. I				Carpenter	F WORKING (Self-	Em 10Ve		
9	USU	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)						215		
6		STATE 13b/COL	INTY	13c. CITY OR TO		134 INSIDE CITY LIM		13e STREET ADDRESS			حلك		
		Maryland V		Baltimon	e	YES NO NO		3343 Avandal	e Aven	ue			
1	7	FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAS	1		
	/	Russell French Wi		luu sasuu ssa		Fstella	Mae (artside					
7		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT M	rs. M	erta Williams	.55				
00		ves WW	П	219-10-7657 3343 Avandale A					Paltim	ore Maryl			
		18 CAUSE OF DEATH Enter of	inly one cause per							APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUS	ATE CAUSE (a)	PNEUMON:	IA								
			DUE TO O	P AS A CONSEQU	IENCE OF								
Ì		Conditions, if ony, which	(, ,)	RENAL II	NSUFFI	CIENCY							
l		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying couse last	DUE TO, O	TUBERCUI									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT BELATED TO TH	E TE DAAIR	NAL DISEASE OR CON	O MONTIO	IVENT INT DADT 1			
	Z	THE STREET	CO140/110/13/ <u>C</u>	OTTENDOTIVO TO	DEATH	NOT KEERIED TO IT	L I L K/V(II	TAL DISEASE OR CON	IVEN IN PART I	,			
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	S, WERE FINDINGS USED				
1	문								FYING CAUSES OF DEATH?				
	EX	210 ACCIDENT WAS UNDERLYING	7 216 TIME O	E IN HIDY		Tale HOW INTURY O	YES NOXX		res []	NO 🗌			
r	0	OR CONTRIBUTING CAUSE OF DE		M. MONTH	DAY YEAR	711 110 W 11430K1 C	CCURRE	URRED (ENTER NATURE OF INJURY IN ITEM 8 PART OF PART 2)					
	ŏ.	(IF EITHER NOTIFY MEDICAL EXAMINE		м.	19								
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE	FARM ETC)	211 LOCATION		LITY OR TO	WN	COUNTY	STATE		
	_	AT WORK NOT WHILE											
		22a L certify that (1) (this hosp	oital attended th	e deceased from	SEPTE	MBER 9 19	87	to OCTOBE	R 10	198/	that HI (we) lost		
		sow the deceased alive a abave, (w.e.) (did) (did)	n_OCTOBEL	after death	87	nd that in (Gy) (our) o	pinion di	eoth occurred on the do	ate and ho	our and from the	couses stated		
		226 SIGNATURE	1 /			DEGREE				22c. DATE	SIGNED		
1		Themas	1001	act to	-	ATTEND	ING I	MEDICAL STAI	FXXX				
		224 PHÝSICIAN'S NAME (TYPE	OR PRINT)	11		21e ADDRESS	1701	DIRECTOR LITTURE	IALT L				
		CIENDON DAVCON	MD	11		VA MEDIC	AT. C	ENTER, PER	RY PO	TNT MD			
	730 5	GLENDON RAYSON BURIAL, CREMATION, REMOVA		100	NAME OF C	EMETERY OR CREMA		23d LOCATION		1ID	•		
	230 ((SPECIFY)						CITY OR TOWN		COUNTY	STATE		
	74 51	Pirial UNERAL DIRECTOR	10/14			e Park Cemete		Baltimore		TR. D. C. C. C.	MD		
	24 1	NAME LORI	ng Byers F	uneral Din	ectors,	Inc ²	O DAIL	REC'D. BY REGISTRAR	1 .				
		8728 Liberty Road	Ramalls	town Maryla	and 21	133	UU	10 1987	6.81a	Dendon.	Kondall		

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